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ABSTRACT

Serving as a vehicle for raising the profile of and thereby gaining recognition for the important research and development work being conducted in Canada in support of children and families, the "Research Connections Canada" series compiles research and/or development papers as well as background papers, analytical literature reviews, and essays. This issue of the series focuses on quality in family child care settings. The two articles are as follows: (1) "Stakeholder Views on Quality in Family Child Care: Family Child Care Training Project: Supporting Early Childhood Development, Learning and Care in Family Child Care Settings" (Gillian Doherty), exploring the vision of quality in the context of family child care as described by a variety of stakeholders including training, credentialing, and accreditation programs, and Canadian society as a whole; and (2) "Quality through Trust: Case Studies of Outreach to Unregulated Family Child Care Providers across Canada" (Andrew Taylor, Lee Dunster, and Jocelyne Tougas), summarizing eight case studies conducted with organizations attempting to contact unregulated family child care providers to offer support. Both articles contain references. (HTH)

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Research Connections

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Supporting
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Research Connections Canada: Supporting Children and Families

Research Connections Canada is a bilingual publication series published by the Canadian Child Care Federation and funded by Social Development Partnerships, Human Resources Development Canada. The series is an anthology of current Canadian early childhood research and development papers.

This professional publication serves as a vehicle for raising the profile of and thereby gaining recognition for the important research and development work which is being conducted currently in Canada, including that being done with funding from Social Development Partnerships, Human Resources Development Canada.

Research Connections Canada includes research and/or development papers as well as background papers, analytical literature reviews and essays. This publication series is of particular interest to training programs (at both college and university levels), academics, researchers, policy makers and licensing and regulatory agencies.

Tthe papers in *Research Connections Canada* represent the opinions of the authors and should not be considered to reflect the opinions of the publisher or the funder. Papers are presented essentially as submitted by the authors; there is no substantive edit or fact-checking. There is currently no peer-review process.

One copy of each issue of the series is distributed free-of-charge to an identified distribution network including: libraries in colleges and universities that offer training in early childhood care and education; government child care departments; national organizations in the health and social services sector; and provincial/territorial organizations with a focus on early childhood.

Feedback or inquiries should be directed to Anne Maxwell, Director of Research and Information Services, Canadian Child Care Federation, 201-383 Parkdale Avenue, Ottawa, ON, K1Y 4R4. Email amaxwell@cccf-fcsge.ca.

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Stakeholder Views on Quality in Family Child Care

Family Child Care Training Project: Supporting Early Childhood Development, Learning and Care in Family Child Care Settings

by Gillian Doherty

Gillian Doherty has a PhD in child/clinical psychology and has been involved with children's services for over thirty years, as a clinical psychologist, as a college and university instructor in child development, and currently as a researcher. She was one of the researchers involved in the study conducted in six provinces and the Yukon, which explored what contributes to high quality in family child care, and was the principle researcher of the *You Bet I Care!* studies. Dr. Doherty is an adjunct professor in the Department of Family Relations and Applied Nutrition at the University of Guelph.

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Executive Summary

There is growing recognition that family child care is not simply a modified version of centre-based care. It is, "A unique service model with its own distinctive characteristics that, in turn, contribute to it being a qualitatively different experience for children, parents, and providers."[1] This uniqueness often is not reflected in government policies and regulations nor in quality assessment tools, many of which were developed for child care centres and have been modified only slightly, if at all, for family child care settings.

This paper explores the vision of quality in the context of family child care as described by Canadian user-parents, family child care providers, family child care agency staff, and government officials responsible for licensing individual providers. It also incorporates information from Canadian government documents and materials from Canadian and American family child care training, credentialing, and accreditation programs. In spite of the varying perspectives of these sources, a consensus emerged that in a quality family child care situation:

- the setting looks and functions like a home, protects the children's physical and emotional health and well-being, and accommodates the children's varying needs;
- the provider is affectionate, supportive and respectful with the children;
- the provider is focused on the children and gives them personalized attention and care;
- the provider has a daily routine but also has the ability to be appropriately flexible in order to meet children's needs or to capitalize on unplanned learning opportunities;
- the provider organizes experiences that support and encourage children's development and is skilled in using the home and local neighbourhood as learning opportunities;

- the provider is a source of information and support for the children's families and often is used by them as a parenting role model. The relationship between provider and parents is characterized by open, honest communication and a feeling of a collaborative partnership; and
- the provider is knowledgeable about hygiene, nutrition and child development.

The vision of the providers who participated in the study also included a provider who knows her own limits and acts on this knowledge. Both providers and materials from training, credentialing, and accreditation programs identified the importance of sound business practices as a basis for quality care.

Some of the challenges that must be addressed in order to provide quality family child care are:

- living and working in the same space;
- working in isolation;
- balancing the needs of one's own family, oneself, and the child care business; and
- coping with the multiple roles of being a business owner/operator, providing care for other people's children, supporting children's families while also often providing care for one's own children.

Providing a quality program is severely hampered if the provider cannot successfully address these challenges.

A large multi-jurisdictional Canadian study[2] identifies some of the supports that enable the provision of and are associated with high quality family child care. These are:

- opportunities to network with other providers;
- the availability of family child care-specific training and on-going professional development;
- remuneration at the higher end of the range (this may influence job satisfaction through giving the provider a sense of her work as being valued and also increases the program's financial viability); and
- reasonable working conditions such as compensation when children miss days and paid vacation time.

Notes

1. Kyle, 2000, p.9
2. Doherty et al., 2000

CHAPTER 1

Introduction

Understanding what quality is in family child care and how it can best be assessed, promoted and supported is central to further advances in program and policy development. It is also of critical importance to providers themselves. — Doherty et al., 2000, p.18.

The Importance of Family Child Care and Its Quality

Family child care is a vital part of the overall early childhood care and education system for several reasons, including:

- it is the preferred child care choice for many parents, not only for infants and toddlers but also for school-age children (see Chapter 2); and
- it accommodates a substantial proportion of the children who regularly receive out of home, non-relative care.

In 1996/97, 56.2% of children under age 6, and 51.1% of those age 6 to 11, who were regularly receiving out of home, non-relative care received this care in a family child care home. These percentages translate into approximately 390,200 children under age 6 and an additional 246,400 children aged 6 to 11 in this type of care.[1]

The findings from brain research on young children are consistent – from observational studies exploring how children develop and from examining the long-term effects of compensatory preschool experiences for children at risk for developmental problems.[2] All three bodies of research confirm that children's development is sequential and that children's early experiences play a crucial role in laying the foundation for their future ability to get along with others, to communicate effectively, to understand numerical concepts, to problem-solve and to handle stress. The current high usage of family child care is likely to continue, not only because many parents prefer it but also because of the lack of centre-based spaces. Thus, the quality of family child care is of vital importance to the whole society.[3] "*The positive relation between child care quality and virtually every facet of children's development that has been studied is one of the most consistent findings in developmental science.*"[4]

The Unique Characteristics of Family Child Care

Over the past decade researchers have begun to document the fact that family child care is not simply a modified version of centre-based care. Instead it is "*a unique service model with its own distinctive characteristics that, in turn, contribute to it being a qualitatively different experience for children, parents and providers.*"[5] Family child care differs from centre care in that:

- it is provided in a family home;
- it involves the same adult providing care over the entire child care day rather than people working sequential shifts as is the norm in centres. Furthermore, the child may be with this same child care provider for many years;
- the children in the group are usually of various ages unlike the separate infant or infant/toddler, preschool, and school-age groups in centres. A recent Canadian study involving several jurisdictions found that over a third of family child care providers had a group of children ranging in age from under 24 months to over age 6;[6]
- the relationship between family child care provider and children's families often lasts for several years. It is both intense and personal with parents often looking to the provider as a source of family support and information; and
- the daily work experience is quite different to that of a teacher in a child care centre. Family child care providers work and live in the same space, usually work independently and during the child care day have to manage multiple roles at the same time. They are a business owner/operator who may have their own children present so that they are simultaneously filling the role of parent and of paid care provider for other people's children. In addition they are providers of support and information for the children's families.

These differences mean that a family child care home and a centre that are providing equally high quality experiences will usually look different and in some respects will act differently.

The Need to Define Quality in the Context of Family Child Care

The unique characteristics of family child care often are not reflected in government policies and regulations nor in quality assessment tools, many of which were developed for child care centres and have been modified only slightly, if at all, for family child care. Over 80 family child care providers, family child care agency staff, representatives from child care organizations, researchers and government officials from across Canada met during a two-day symposium in 1999 to develop a vision statement for family child care, to identify the main issues facing this field and to discuss a research agenda. The topic identified as having the greatest interest and importance for the field was, "*How do we define and assess quality in family child care?*"[7] A consensus about what constitutes quality in the context of family child care was viewed by the symposium participants as a crucial foundation for quality services, for confirming the training needs of family child care providers and for developing appropriate government policies and practices.

Multiple Stakeholders

To a large extent, North American efforts to articulate the meaning of quality in child care "*have been the special reserve of researchers, professional organizations and advocates ....not direct service providers.*" Furthermore, discussions of quality "*have failed to include the voices of parents as a critical source of input.*"[8] Whether or not a service is considered to be high quality depends upon the perspective of the person making the judgement – that person's needs, values and beliefs, their social/cultural context and their perception of the service's purpose. Who are the stakeholders in the quality of family child care whose perspectives should be considered?

Children Using the Service

Children's perspectives revolve around how they experience the setting. Do they feel physically and emotionally safe and secure? Does they feel accepted by the other children? As pointed out by Kyle, in family child care the child's experience is affected not only by his/her relationships with the other child care children and the provider's children but also by the presence or absence of the provider's partner, by the provider's informal contacts with neighbours and others in the community, by whether or not the provider uses community resources such as drop-in programs or play groups, and by the provider's housing (apartment or house).[9]

Families of the Children

The perspective of the user-child's family is two-fold. It includes consideration of the type of care the family wants for the child as well as factors related to parental needs such as cost, hours of operation and location. Previous research indicates that important aspects for parents are the basic safety of the home, the warmth of the provider towards the children, whether they find it easy to communicate with the provider and whether they feel comfortable that their goals and values for the child are respected.[10]

Family Child Care Providers

Researchers have tended to focus on the conditions that providers feel they need in order to provide the type of care they believe to be desirable.[11] Such research has confirmed the importance of a number of variables including support from the provider's own family and other sources such as provider networks, access to professional development opportunities, access to resources such as toy lending libraries, and government regulations that limit the number of children cared for at any one time. This paper expands the discussion to explore providers' views of what a quality family child care program looks like and does.

Society At Large

The perspective of society at large centres on its concept of the sort of children it wishes to raise, the sorts of experiences it feels children should have and the perceived purpose of child care. Different goals for children and different views on the purpose of child care influence definitions of quality. Countries that place high value on raising cooperative children who work well in a team are particularly interested in developing children's social and negotiating skills. Those that value self-reliance are inclined to put more emphasis on children learning how to make decisions for themselves. When the role of child care is viewed primarily as a support for parent employment, a setting that simply provides a safe place for children may be perceived as quality child care. However, this type of custodial care would not be defined as quality in a country that views one goal of child care as providing developmental opportunities for children.

The Task of This Paper

This paper is a first attempt to articulate a vision of quality in family child care homes that would have validity among the varied stakeholders noted above and incorporate their perspectives. Any statement of quality must also:

- recognize that quality is a multi-dimensional concept;
- be effective in raising the understanding of service providers and others about quality;
- be applicable in a practical way, such as being able to inform the development of policies and regulations; and
- enable specific aspects of quality to be identified and targeted for improvement.[12]

Sources of Information

This paper is based on:

- information from user-parents collected through three focus groups, one in each of Newfoundland, Nova Scotia and Ontario (N=20), and individual telephone interviews with parents in British Columbia, Manitoba, Québec, and Saskatchewan (N=23);
- information from providers obtained through 12 focus groups in different parts of Canada with a combined total of over 60 participants, two individual telephone interviews, three articles discussing aspects of quality written by providers, and the views of 30 providers[13] who participated in a previous study;[14]

- information from telephone interviews with a licensing official in each of British Columbia, Manitoba and Saskatchewan, with one family child care agency home visitor in Alberta and Nova Scotia, three home visitors in Ontario, and a focus group with 28 family child care coordinators in Québec.[15] These sources, along with a review of government documents, form the basis for an attempt to understand the perspective of society at large in a situation where there is no Canada-wide vision for child care, let alone for family child care;
- a review of materials from Canadian family child care training programs and U.S. family child care credentialing and accreditation criteria; and
- research reports on children's views on what makes a "good" child care program and from studies in the U.S. and Britain which explored parental opinions of what constitutes a "good" family child care situation.

How this paper is organized

- Chapter 2 provides information on the views of children and parents about what makes a family child care setting meet their needs and desires;
- Chapter 3 discusses the opinions of family child care providers on what a quality family child care experience looks like and does;
- Chapter 4 explores the vision of quality reflected in family child care training, credentialing and accreditation programs;
- Chapter 5 examines society's vision of quality family child care as reflected in government documents and the opinions of people involved in regulating family child care homes; and
- Chapter 6 presents a vision of quality in the family child care context based on the information obtained from the various stakeholders.

Notes

1. Calculations done by Paul Roberts, Canadian Council on Social Development, using the 1996 National Longitudinal Survey of Children and Youth data set.
2. For a brief summary of the findings from these three bodies of research which illustrates their consistency, see Doherty, 2000, pp. 21-36.
3. In 1998, the most recent year for which statistics are available, there were a total of 397,970 spaces in child care centres for children between the ages of birth to 12 years (Human Resources Development Canada, 1998, Table 3) and an estimated 3,324,000 children in the same age group whose mothers participated in the paid labour force (Childcare Resource and Research Unit, 2000, p. 120).
4. Shonkoff and Phillips, 2001, p. 313. Also see Peisner-Feinberg et al., 2001.
5. Kyle, 2000, p. 9.
6. Doherty et al., 2000, p. 53.
7. Family Day Care Training Project, 1999.
8. Phillips, 1996, p. 51.
9. Kyle, 1999.
10. Larner, 1996.
11. Doherty et al., 2000; Fischer and Eheart, 1991; Goelman, Shapiro and Pence, 1990; Kontos and Reissen, 1993; Kontos et al., 1995; Kyle, 1999; McConnell, 1994; Modigliani, 1994; Taylor, Dunster and Pollard, 1999.
12. Munton, Mooney and Rowland, 1995, p. 13.
13. Edwards, 1998; Kernested, 1997; McConnell, 1996.
14. Kyle, 1999.
15. Canadian jurisdictions regulate family child care in one of two ways — either through an individual license granted to each provider or through a contract between the provincial or territorial government and a family child care agency that is explicitly or implicitly responsible for monitoring the quality of the homes affiliated with it.

CHAPTER 2

The Views of Children and Parents

Introduction

Traditionally, child care quality has been defined by a small number of child development experts and researchers, and definitions reflect their interests in what best serves children in general. However, parents have a different perspective. They are interested in the specific needs of an individual child, the needs of other family members, the relationship between parent and care provider, and practical considerations such as the proximity of the setting to the parent's home or work and its cost. An American commentator has suggested that, "*No one has a greater stake in the quality of child care than parents. They are the ones who will share their child-rearing role with the programs or individuals they choose as caregivers.*"[1] However, it could be argued that the child has at least as great a stake since he or she may spend nine or more hours, five days a week, in the child care setting.

This chapter discusses children's ideas of a quality child care experience and the perspectives of user-parents. It relies on a mixture of reports from previous research, focus groups and telephone interviews with parents, and telephone interviews with family child care agency home visitors.[2] Information about the parents who participated in a telephone interview or a focus group and the questions used to stimulate discussion is provided in Appendix A.

The vision of a "good" child care situation that emerges from reports on surveys of children's opinions is one where:

- the adult listens to the children, treats them as individuals and allows them to make choices;
- the adult provides guidance and assistance; and
- there are positive relationships among the children.

The vision of a "good" family child care situation that emerges from the parent surveys is one where:

- the setting is clean and safe, and looks and functions like a home;
- the provider is warm, supportive and respectful with children and with their families;
- the provider is focused on the children and gives them personalized attention and care;
- there is open, honest communication between provider and parent, and the feeling of a collaborative partnership;

- the provider is skilled in using everyday activities in the home and the local neighbourhood as learning opportunities; and
- the provider is knowledgeable about hygiene, nutrition and child development.

Children's Views

Research Findings

Although children are primary stakeholders in the quality of their child care setting, little research has explored their views on the subject. Two Canadian researchers used individual interviews with 34 adolescents aged 11 to 14 to explore the adolescents' recollections of their family- or centre-based child care experiences prior to school entry.[3] Responses clearly underlined the importance of the interaction between the adult and the children and among the children. Seventy-six percent of the experiences identified by the adolescents as really standing out in their mind involved the care provider while 48% involved an activity or incident with other children. References to an adult illustrated nurturing incidents, such as attending to an injury or talking with a boy when he was angry about having to attend child care while his parents worked, as well as recollections of being disciplined. Memorable positive activities included field trips, art and crafts, and unorganized play with the other children. Scheduled nap time, however, was a negative recollection and overall appeared to be regarded as having been imposed and unnecessary.

A second Canadian study used a questionnaire to explore the perspectives of 53 children, aged 8 to 12 years, from nine centre-based school-age programs regarding the physical space, the staff and the activities in the program they attended.[4] From the children's perspective, a quality space is one that has comfortable furniture, is not like a classroom, and enables individuals or small groups to be alone. The children want staff who, "*Like children*," listen to them, treat them as individuals, let them make decisions and give them a chance to do things on their own. Preferred activities among these school-age children were sports, such as swimming and hockey, computer games, crafts, cooking and field trips.

A Danish study used individual face-to-face interviews with 24 five-year-olds attending a number of different centres.[5] The primary factor influencing these children's perception of whether their centre was a good place to be was their relationship with the other children, for example, whether they felt accepted by the others and enjoyed their interactions with them. This finding emphasizes the importance of the adult in guiding and supporting children's relationships with each other. While staff were identified as less important than the other children, the children who were interviewed understood that it was the staff who provided the security of a daily routine, assisted children who could not manage something themselves, and comforted children who were upset. The children expressed dislike about the lack of choice of what and when to eat, expressing the opinion that they should be allowed to get something to eat or drink when they wished, not when the staff said it was time.

Summary of Children's Views on Quality Child Care

In summary, the above studies indicate:

- the importance to children of the quality of the relationships they have with the other children and with the adults in the setting; and
- the important role the adult plays in establishing a context that enables the child care experience to be positive. Examples of such adult activity include treating children as individuals, listening to them, allowing them to have choices and make decisions, providing guidance and/or assistance in peer interaction or other situations, comforting children who are upset, and providing or assisting children to implement activities that children enjoy.

Parents Who Choose Family Child Care

Researchers in Canada,[6] the United States[7] and Britain[8] report significant differences in parental perceptions of what they want from a child care situation between parents who prefer family child care and parents whose choice is centre-based care. Across all three countries parents who choose centre care value the availability of same-age peers, the structured environment, and the provision of formal educational activities that they believe will provide more intellectual stimulation than available in family child care.

Researchers report that quality for parents whose preference is family child care involves a warm, caring relationship between the child and a single caregiver in a home environment where children engage in the sorts of activities the parent would do with them in their own homes.[9] This view is consistent with that expressed by parents who participated in the present study. In addition, some participants also specified that they had sought family-based child care because they wanted a caregiver who shared their values and child-rearing approach. As noted by an East Indian parent, "*It was important to me that she was of the same culture and knew our way of raising children.*" The presence of a mixed-age group was frequently identified by parents as a plus, both because it mirrors a family situation and because it provides opportunities for children of different ages to learn from each other. People who were first-time parents valued having a person with mothering experience who could answer their questions when parenting issues arose and provide sound, practical advice.

Researchers have noted that many parents of infants and toddlers look for a situation that is as much like what they would provide if they stayed at home as possible. Therefore, they look for family child care. However, they often switch to centre care when the child is about age two because they then want a more "educational" program.[10] This view was echoed by some family child care home visitors. However, several parents interviewed as part of the current project expressed a preference for family child care for preschool and school-aged children as well as for infants and toddlers. Sometimes this represented valuing the continuation of an existing arrangement and feeling that the continuity of relationships and place was important for their child. In other situations, there was recognition that this type of experience was better suited to their child's temperament. One parent whose daughter had happily used a centre-based school-age program noted that her son had, "*the sort of temperament that makes the demands of interacting with many other kids and the overall demands of school stressful.*" She chose family child care for him because she believed that after school, he needed, "*to be able to do his own thing or just hang out with indirect supervision but not too much structure.*" This view is very different from that reported for parents using centre-based programs for school-aged children. They have been found to specifically value structured opportunities for the children to engage in sports, educational computer games, board games and crafts.[11]

The Voices of Canadian Parents

This section reports on information obtained through three parent focus groups, one in each of Newfoundland, Nova Scotia and Ontario (N=20), individual telephone interviews with parents in British Columbia, Manitoba, Québec and Saskatchewan (N=23), plus telephone interviews with family child care agency home visitors. Virtually all the parents had deliberately chosen family child care, sometimes after having experienced centre care but more often as a choice right from the beginning.

Quality Is Positive, Supportive Relationships

It is so different from any other contractual arrangement, it is very personal and very intimate and no matter how good a contract was, my family day care arrangement is not about what's on paper, it's about relationships, between my caregiver and my child, my child and the other children, and the caregiver and my husband and I. In the end that's what it [quality] comes down to for me. — Ontario parent

All the parents, whether in focus groups or individual interviews, emphasized the importance of a warm, supportive relationship between care provider and child. Often this was the first thing they identified as signalling a home that was a good place for children and their families. Parents made comments such as, "*Quality is caring, comfort,* *a sense of belonging," and "Kids need to be with someone they can trust...They need to know that they can try things and make mistakes and its going to be O.K."* Many wanted their child to "bond" with the care provider, some even spoke of having sought a "second mother" who would "*provide the same type of care that I would if I were able to stay at home.*" A number of parents specifically commented that they liked the fact that their provider hugs their child and openly shows affection with the children. "*My provider really likes kids, she is always hugging them or having them sit on her knee.*"At the same time, parents noted the importance of the provider treating children with respect. They defined this as really listening to children's views, wishes and needs and trying to accommodate them, and of not getting angry or trying to shame a child who was "acting-out" but remaining calm and trying to understand the child's perspective.

Parents who were interviewed were asked if they expected to continue with their present provider. All indicated that they did and often gave as the reason the strong bond of affection that had developed between their provider and child. As one said, "*Alex loves her, she is an integral support for him; transferring into school will be much easier for him if he can still come 'home' to [provider's name]." Another noted, "Jennifer has really bonded with the provider, her family and the other kids who come there for care. This is the most important thing for me.*"

A warm, supportive relationship between provider and family was also identified by the parents as crucial. Parents spoke about their need for reassurance when they first started using family child care, for understanding of their anxieties about leaving their child with a stranger, and for the provider's patience and support. For many parents the child care provider becomes "*our pivotal support. As new parents we were looking for someone with mothering experience who could provide sound, practical advice and support in this new role of parenting.*" The reliance on the provider for advice and support continues as the children get older, although as noted by another parent the content changes: "*Now we talk about strategies for coping with particular behaviours or ideas for getting homework done without a struggle.*" While relying on the provider for information and support, parents also want to be treated with respect. "*It's really important that my caregiver listens to my point of view and is able to accept and respect it and to work with me in a non-threatening way – even those times when I'm a little off base. There have been times when I have been wrong, but she has such a respectful way of talking with me that I don't feel offended.*"

Good relationships among the children is another vital indicator of quality as far as parents are concerned. The parents who participated in this study had a clear understanding that positive interactions among children don't happen by chance. They commented that their provider teaches children to share and other skills that will help them to develop good relationships with each other. "*I like the mixture of ages, its good for kids to learn how to get along with older and with younger kids and the provider has taught them that.*" The mother of two children who have special needs expressed her pleasure: "*My special needs kids are accepted [by the other children]; this is because my provider works with the others to help them understand my kids.*"

Good Communication Is Essential

We can be honest and open with each other. I feel comfortable that I can bring an issue forward and my concern will be really heard and my daughter's care won't be compromised in any way. My provider won't always be able to do what I want, but when she can't she gives me a good explanation of why not. — Manitoba parent

Communication helps to build and support good relationships, and to lessen parent anxiety. It also makes daily life easier for the children, the provider and the parent, for example, by supporting a consistent approach between the child's family and the provider. "*Every day we talk and often we talk about strategies to cope with behaviours or what we can do to support a new skill. Its real talk about things my child is experiencing every day.*" An approachable provider with whom they felt they could discuss anything was cited by many parents as one of the things they particularly liked about their family child care situation. "*I feel that I can talk with my provider about any concerns such as another child picking on my child.*" Parents naturally want to hear about the good things that happen but they also identified the importance of being told when there were issues of concern or when their child had not had a good day. As one parent noted,"*if something went wrong in the day, I need to know so that I can be prepared.*" Parents and agency home visitors noted that one big advantage of family child care is the opportunity it provides for the parent to talk with the person who has been with the child for the whole day. One home visitor observed that when an arrangement is in trouble and parents start complaining, the problem is often poor communication.

It Looks Like a Home, It Acts Like a Home

I looked for a mirror image of everyday life in a family. — Québec parent

The majority of parents deliberately chose family child care because of its similarity to a home – usually there is the same one adult caring for a small group of mixed-aged children over the course of the whole day. When asked why they chose family- rather than centre-based care, parents made comments such as: "*We wanted a home setting for the consistency for our children in terms of the physical setting*" and "*I wanted a place where my daughter could be part of family life.*" When asked what they liked about their current situation, many parents noted that the setting looked like a home and that the children regularly used several rooms in the house rather than spending most of their time in a specific "child care" space. The kitchen is used for meals and snacks and often also for arts and crafts, the living room or TV room is used for various activities through out the day, children who nap do so in a family bedroom. Children's toys and books are available in the various rooms used by the family. Children go out to play in the home's back yard or the local park. As noted in the next section, the parents also valued the opportunities children have to participate in everyday family activities. One parent noted that her son, "*is so proud of himself for doing his 'jobs' at [the provider's]*."

Two of the home visitors, however, commented on an increase in parents who are seeking a "mini centre" – a specific part of the house used solely for the child care program and equipped with activity centres and a provider who provides a structured "educational" program. One person hypothesized that this reflects popular media articles on the importance of stimulation in the first six years of life and parental lack of understanding of the learning opportunities inherent in ordinary family activities.

In some cases, the child has regular contact with the provider's own children and/or partner. Such opportunities are valued by parents who see them as contributing to the child feeling part of a family. Parents expressed their appreciation of this aspect of family child care through comments such as: "*It's a real family environment. Her boys get involved, her husband gets involved*," and "*Its like being part of a big family for my son.*"

The Home and Neighbourhood Are Used As Learning Opportunities

I wanted a person who knew how to use daily activities as learning opportunities, for example, a trip to the grocery store to pick up something or sorting laundry – a person who would use the local neighbourhood to help children to learn. — British Columbia parent

The parents involved in this study did not want a highly structured formal program but they did want a stimulating environment for their child. They wanted the home to have a variety of books, toys, puzzles, art supplies, computer games and so on that were appropriate for the age levels of the children. Parents repeatedly stressed the importance of the provider being actively engaged with the children, being focused on them, not just physically there. Many parents said that they had deliberately looked for a provider who would read to or with their child, sing with the children, do puzzles and crafts with them, teach children colours and letters, talk with the children about what they saw when they went for a walk, and use everyday family chores as learning opportunities. When asked to identify things they particularly liked about their family child care setting, many parents spoke about the learning opportunities provided when children help to set the table, are involved in baking or making spaghetti, have an opportunity to participate in gardening or go to the store. "*When [provider] has to get milk, it's a morning adventure. They probably take an hour to get through the produce section, everything gets talked about, touched, smelled, its an exploration of the world. How great that is, how lucky are our kids!*"

Parents also wanted their provider to involve the children in more formal activities in the broader community. They spoke about liking it when the provider regularly attended a play-group, took children to the library, to local parks and to the local pool for swimming. "*My provider takes them to play groups three times a week, I like that. It means my son meets other children and has the stimulation provided by organized activities such as arts and crafts.*" Regular outdoor activities seemed to be an obsession with parents; they wanted their children to play outside either in the provider's back yard or a local park and to go for regular walks. "*She takes the children outdoors every day. This is important. By the time we get back from work it's time for his bath and bed and I think kids need to get outside and be able to run around.*"

There Is Personalized Attention and Flexibility

When we started [provider] didn't attempt to fit David into her schedule, she got to know him first. She gave him the time he needed to settle into his own routine and then she made any adjustments she needed so that his routines worked with the rest of the kids' needs... Right from the beginning, with this and with everything else, we didn't feel like David or we were just another family that was going to have to fit itself into a system and schedules and policies – she cared about us and our needs. — Ontario parent

While parents said that they wanted some structure, seeing this as providing a sense of security for children, they also valued an ability to be flexible with the children whether in changing plans or changing approaches. Children don't always feel like doing an activity planned by the adult and, as noted approvingly by one parent, "*she has the flexibility and the ability to really respond in the moment – she looks at a situation and says this is what the kids want to do so lets go with it.*" Another parent valued the fact that her provider will let her school-age child just go to a quiet corner to read if he wants to while the younger children are involved in crafts. "*I think that seeing each child as an individual is really important.*" When discussing challenging behaviour, a parent noted the ability of her provider to adjust; "*If the first approach doesn't work, she'll try another approach. I've never seen her lose patience.*" Agency home visitors also view flexibility as a sign of quality. One said that if she were a parent she would want "*a person who can see life through the child's eyes, who tries to meet children's needs and preferences as they define them, not as she defines them.*"

Parents also value flexibility in meeting their own needs. Home visitors reported an increase in parents who work irregular hours and are seeking a provider who can accommodate their varying hours of work whether due to irregular shifts or to working two days one week and three days the next. Parents expressed strong appreciation for providers who would accommodate early drop-off or late pick-ups in an emergency or additional hours if someone has to work overtime. "*I was in a car accident one day on the way from work, I phoned and my caregiver assured me that she had no problem keeping the children as long as necessary, would feed them supper and I should do what I had to do and not worry about them. It was such a relief.*"

The Provider Has An Appropriate Knowledge Base

[It's important] that the caregiver really understands child development and the stages of development and knows how you approach things with a seven-year-old or with a two-year-old. — Ontario parent

Many parents identified that, when looking for child care, they had wanted a person who knew something about good nutrition and would provide nutritious meals. Their wish for their children to be involved in arts and crafts, music and so on identified earlier also indicates their desire that the provider know how to do these things in a way that will appeal to and engage children. Many parents, especially those who are first-time parents, rely on their provider for parenting tips and consciously observe her for hints as to how they should handle situations. One parent reported observing how her provider handled some challenging behaviour and then going home and trying the provider's calm, firm approach with her own children. The provider's dual role of providing care and learning opportunities for children and supporting parents in their parenting role demands knowledge not only of child development and activities to do with children, but also of good parenting strategies.

Summary of the Views of Canadian Parents

The quality of the relationships was paramount for the parents in the present study and often was raised before anything else. The parents wanted the provider to be openly affectionate and supportive with their children while also treating them with respect, and to help all the children to get along well with each other. Many also wanted support and advice for themselves in their child-rearing role and all valued open, honest, communication – "*a real partnership.*" Often parents talked in terms of a network of relationships between provider and children, among children, and between provider and parents that was like being part of an extended family. A second key ingredient was a family-like setting – a place that looked and acted like a home. The parents wanted their children to be able to use various rooms just as they would in their own home – the kitchen for eating and for crafts or messy activities, a living area for puzzles, blocks, construction toys or reading, a bedroom for naps. A couple of parents said they had rejected situations where their child would be restricted to a specific "child care" part of the house such as the basement with an adjoining bathroom.

The need for the provider to be actively involved with the children was a constant refrain – to be "*focused on the children.*" The parents were not looking for a highly structured or formal "academic" program but they did want their child to have interesting, stimulating experiences that would assist their development. Parents talked about the need for the provider to read to or with children, play games and sing with them, do crafts or models with them, and involve them in the neighbourhood through walks, visits to the park, visits to the library, and/or regular participation in play groups. Many valued their provider's ability to use daily family activities as learning opportunities, for example, using sorting clothes coming out of the dryer to talk about colours and textures.

The two other most frequently identified criteria for meeting the needs of children and their parents were individualization/flexibility and the provider having an adequate knowledge base. Parents wanted their child and their family to be treated as unique individuals and not just additional people that had to fit into an existing way of doing things. For their children, they valued a provider who would make adjustments to meet an individual child's needs, wishes or temperament. For themselves, parents appreciated a provider who would accommodate changes in hours in special situations. Many parents identified that when looking for a provider they wanted someone who knew something about good nutrition, who understood child development and could provide activities that would interest children. Few parents emphasized cleanliness or the safety of the home as important criteria, perhaps because most of the parents were involved with regulated family child care and took these as givens, or because the parents considered them as basics rather than as indicators of quality.

Research From Other Countries

American Research

She is attentive to the kids' developmental needs and sensitive to their emotional needs. She sees her role as supporting the whole family, not just the child but the working parents and the siblings as well. She has helped me a lot with nutrition, introducing my child to dozens of healthy new foods and showing me how to integrate them into his diet at home.
— A satisfied parent as quoted in Emlen, Koren, and Schultz, 1999, p. 51

One study involved 820 mothers in three cities who were using home-based child care arrangements. Mothers were asked to rate the relative importance of 19 items as indicators of quality child care using a five-point scale from "extremely important" at one end to "not at all important."[12]

The five top-ranked items were:
- the provider pays attention to the children's health and safety;
- the provider communicates with the parents about their children;
- the home is clean;
- the provider pays attention to the children, e.g., makes time to give each child individual attention, and
- the provider is warm, caring and responsive with the children.

Further analyses revealed that while the relative order changed somewhat, there was agreement about these being the five most important features for parents across different income levels and regardless of whether the mother was White, African-American or Latina. For all these mothers, a warm, caring, responsive relationship between child and provider, a safe environment, and good communication between provider and parent were the essence of quality family child care. It should be noted that the availability of activities that stimulate children's development was *not* one of the items in the list of indicators and therefore this study did not explore the importance of this feature for parents. Similar patterns have been reported by two other smaller studies with high priority attached by parents to the safety of the setting and a provider who really cares about each child and their well-being.[13]

The best predictors of parental satisfaction found in another study were parental belief that the provider:
- was aware and sensitive to each child's strengths and weaknesses;
- was actively engaged with the children, including being affectionate and participating in the children's play; and
- acknowledged and supported children's feelings.

Other predictors were a collaborative relationship between provider and parent with the provider teaching parental values to the children, and an adequate supply of toys and material in the home.[14] A sense that the care provider is interested in the parent as well as the child was also valued.[15]

British Research

A study conducted in England involved two semi-structured interviews with the parents of children in the care of 27 different family child care providers.[16] The first interview was just after the child entered the provider's care and explored what the parents had been looking for. The second interview took place 10 months later and explored parental satisfaction.

The parents in this study listed the most important variables as being:
- a safe, secure environment with good physical care and good nutrition;
- a provider who forms an affectionate relationship with the child;
- an experience that teaches children to develop positive social relationships with other children; and
- the provision of activities that children find interesting and which provide learning opportunities and extend their horizons, such as helping to prepare snack, reading with the provider, learning and singing nursery rhymes, and going to a drop-in play group.

The mixed-age group was seen as providing children who did not have siblings with an opportunity to experience sibling-like relationships, and all children with an opportunity to learn from those who were older and to gain an understanding of the less-developed skills of younger children. Parents who felt the child care experience was unsatisfactory specifically expressed concern about their child spending long periods in front of T.V. and the lack of conversation between provider and child.

Commonalities of Parent Views Across Countries

There are many similarities in parents' views of a good family child care home whether the parents are in Canada, the United States or England. Regardless of locale, they want their children in a place that protects their health and safety and with an adult who has a warm, supportive, affectionate and responsive relationship with each child. Parents are seeking a provider who is tuned in to children and sensitive to their wishes and feelings, and who will provide them with interesting, stimulating activities that support their development. For themselves, parents want open, honest communication with their provider and value a provider who can provide support and information for them in their parenting role.

Notes

1. Larner, 1996, p. 37
2. Some jurisdictions in Canada regulate family child care by entering into a contract with a family child care agency which is then expected to monitor the providers affiliated with it through home visits. The "home visitors" employed by the agencies for this purpose often also interview parents about their child care needs and preferences and match parents with providers.
3. Markowsky and Pence, 1997
4. Ten Plus Committee, 1989
5. Langstead, 1994
6. Pence and Goelman, 1987a
7. Britner and Phillips, 1995; Nelson, 1990
8. Ferri, 1992
9. Nelson, 1990; Pence and Goelman, 1987
10. Ferri, 1992; Galinsky et al., 1994; Larner, 1996; Modigliani, 1994
11. Brabard et al., 1994; Comasso and Roche, 1991; The Ten Plus Committee, 1989
12. Galinsky et al., 1994
13. Meyers, 1993; Siegel and Loman, 1991
14. Winget, Winget and Popplewell, 1982
15. Elicker, Noppe and Noppe, 1997
16. Ferri, 1992

CHAPTER 3

The Views of Family Child Care Providers

Introduction

Traditionally, North American efforts to define child care quality *"have been the special reserve of researchers, professional organizations, and advocates ... not direct service providers."*[1] However, people who actually provide family child care have definite opinions about what family child care looks like and does over the course of a day as it protects children's well-being, enhances their development and supports their families.

This chapter discusses how family child care providers define a quality family child care experience. It relies on information obtained through:
- twelve provider focus groups held in different parts of Canada conducted as part of the Family Child Care Training Project;
- individual interviews with two providers;
- interviews with two people who used to be providers;
- three articles discussing aspects of quality written by providers;[2] and
- the findings from a previous study that involved individual interviews with 30 providers in Ontario.[3]

Information on the questions used to stimulate discussion during the individual interviews and the focus groups is provided in Appendix B.

The vision of a quality family child care situation that emerges from the opinions expressed by family child care providers is one where:
- each child's physical and emotional safety and well-being is protected;
- there is an affectionate, warm relationship between the provider and each child;
- the provider is flexible in responding to children's wishes, preferences and needs;
- the children have a family-like experience in a setting that looks and acts like a home;
- there is both some structure and planned activities for the children and opportunities for child-directed play and open-ended activities;
- the provider is skilled in using the home and the local neighbourhood as learning opportunities;

- there is open, honest communication between provider and the child's family and a sense of a true partnership;
- the provider recognizes that she must balance the needs of herself, her own family and the needs of the child care children and their families;
- the provider has the necessary supports such as networking with other providers and professional development opportunities; and
- the provider has the appropriate skills and knowledge, such as knowledge of child development and the skills to translate this into practice.

The Voices of Family Child Care Providers

"As a caregiver, you should be like an extended family member to the children whom they can trust; your house should be like a second home where the children feel safe and comfortable; and you should offer a program of purposeful activities to meet their optimal growth." — British Columbia provider, cited in Doherty et al., 2000, p. 18.

Each Child's Physical and Emotional Safety and Well-Being are Protected

When asked to identify the absolute basics for quality many providers started by identifying the need for a clean, child-proofed, physically safe home where furniture, toys and equipment are in good repair, and the outdoor area used for the children is fenced. Physical safety includes practices such as using car seats and certain types of provider knowledge; for example, knowing how to handle choking. Good hygiene practices, nutritious food that includes fruit, vegetables, meat, and milk or juice, and a level of supervision appropriate for the children's developmental stage were also frequently identified as basics. Some people noted the importance of a provider who models healthy habits in front of the children; for example, eats a proper lunch, goes for walks, doesn't smoke.

Providing an emotionally safe and supportive environment was identified by providers as another basic requirement for quality. In focus groups and in individual interviews they indicated that such an environment is based on consistent, predictable routines and reasonable expectations about what children can do. Children's individual skill levels need to be respected and children should *"be given time to go at their own pace – to not be pushed."* Children's sense of emotional security is increased when the provider is warm and affectionate with them and promptly responds to their needs, and is accepting of the fact that accidents do happen and milk does get spilled. It is crucial to accept each child as a unique individual, to allow and enable children to express their feelings and opinions, and to respect and affirm these rather than discount them.

Several people noted the importance of assisting children to build their self-esteem, for example by providing activities at which they can succeed, and by acknowledging and praising effort, not just product. Challenging behaviour is a fact of life and the way in which the provider responds either supports or fails to support a feeling of emotional security. Providers consistently noted the importance of having the skills to respond to challenging behaviour in a calm, matter-of-fact but positive fashion, for example through explaining why the behaviour is undesirable or by using redirection, and to refrain from negative responses such as scolding. They also identified the importance of trying to understand what is going on from the child's perspective – is the child tired, hungry, jealous of a new child? – so that the possible underlying cause of the behaviour can be addressed.

Network of Positive, Supportive Relationships

Family child care involves a network of intimate relationships that often continue over many years as the children from a given family are sequentially looked after by the same provider. In addition to the "trio" of a particular child, that child's family, and the provider, there is also a network of relationships among the children receiving care and often also between them and the provider's children and other family members. Providers talk about the children watching out for each other like siblings and "defending" each other if they think a child from outside the group is picking on one of their "family." They also note that it is quite common for a provider's own older children and/or partner to be actively involved in the child care program, for example, reading to and playing with the children. Not surprisingly, providers liken family child care to *"an extended family for both the child and the child's parents."* They also talk about there being *"a bonding that happens between parent and provider."* The strength of the relationships that can develop when a child is with a provider for several years is illustrated by the frequency with which providers talk about children continuing to visit on a regular basis long after they have stopped receiving care and of enduring friendships between providers and parents.

The relationship between provider and child

Quality child care is defined by the child's needs and addresses these needs. — Focus group participant

Providers identified the ideal provider/child relationship as one where there is genuine warmth and affection, where each child's individual skills, preferences and needs are respected and acknowledged, and where every child gets some individual attention each day. Providers stated that if they were in another provider's home they would like to see open displays of affection such as a toddler being cuddled while sitting on the provider's knee, a preschooler being hugged, or a school-age child being given a pat on the shoulder.

They also stressed the importance of respecting each child's individuality by actively listening to children, by giving children choices, and by matching activities with each child's skill level, personality and interests. For example, a school-age child should be allowed to "chill out" after school and not be required to join in a group activity. Honest communication is also important. Children need to feel by the provider's actions and words that they have been "heard" and the provider in turn has a responsibility to convey her wishes and needs clearly to the children.

Some providers have their own young children present while they are providing care for other children. Providers noted that this situation can be challenging and must be consciously addressed. The provider has to be sensitive to the possibility of her child resenting having to share mother, home and belongings with the child care children, and/or the child care children feeling that her own child gets special treatment. It is important that the provider monitor her own behaviour to ensure that her child(ren) and the child care children are treated with the same level of respect, consideration and caring. To the extent that it is developmentally-appropriate, the provider should also discuss her child's feelings with the child and assist the child to come to terms with any concerns or negative feelings that they may have about the situation.

The relationship between provider and parent

Providers and parents need to form a partnership based on the belief that they both want what is best for the children. — Focus group participant

Reporting on her interviews with 30 Ontario providers, Kyle notes that *"providers tended to see themselves as sharing parenting responsibilities with the children's own parents."*[4] The providers in the present study identified the need to address this "shared parenting" through a partnership based on respect for the parent as the child's primary caregiver. They also identified several ways in which such a partnership could and should be fostered by the provider. When the parent first approaches the provider, the message of respect and of forming a partnership can be conveyed when the provider treats the parent as the expert on the child and seeks information such as the child's likes and dislikes, his or her usual routine, and the behaviour guidance approaches that seem to work best with the child.

It is important for the provider to be respectful and accepting of cultural and religious differences, and of differences in child-rearing values, beliefs and approaches. Where these differences exist, they need to be discussed openly and honestly with a genuine effort made by the provider to understand and to accommodate them to the extent possible. While the provider may be *"a second mother to the child,"* she must always support the parent's decisions and values and act in ways that affirm them with the parent's child.

Acknowledgement of the family as the child's primary caregiver is also conveyed when the provider has an open-door policy that welcomes parents and other members of the child's family at any time when the child is present.

All families need a situation where they feel confident about the quality of the care their child is receiving. Some parents also have additional support needs. Providers in the focus groups observed that many new parents are not living close to their own families, have had little experience with young children, and want support and advice from their provider. Such parents look to the provider for information about typical stages in child development, suggestions on how to handle things ranging from potty training to challenging behaviour and general reassurance. The providers in the current study viewed provision of this support as an important part of their role as did the Ontario providers interviewed by Kyle.[5]

One focus group in particular noted that it takes awareness and skill to be a supportive role model and advisor and to avoid slipping into *"acting like a know-it-all expert."* Providers repeatedly stressed the importance of being approachable, of helping parents to not feel stupid when asking questions, of presenting advice in the guise of suggestions that the parent might try rather than as a prescription that must be followed, and of sharing with parents that they also had situations where something they tried didn't work and that this is a normal part of parenting. Fulfilling the support role inevitably means that providers become privy to personal information making it crucial that they respect the confidentiality of what is shared with them.

Supporting parents also means being flexible around things such as late pick-up in special circumstances and being understanding when a parent phones in the evening to ask if they can come and pick up the homework their child left behind. Providers noted that an increasing number of parents need extended care, part-time care, evening care or weekend care. While viewing being flexible in meeting parents' needs as important, focus group participants also identified that quality child care provision cannot happen if providers fail to protect themselves from becoming overtired or burned-out. It is essential for providers to set limits on their responsibility for user-parents, to articulate their own needs, and to take adequate time off. *"Providing quality care is a balancing dance — you need to learn how to balance the needs of different kids and their families, your own family and yourself."*

The relationships among the children

Fostering social skills, especially with a mixed-age group, is a full-time responsibility. [It requires] *modelling respectful words and actions, guiding children to learn about gentleness, sharing and friendship.* — Kemested, 1997, p. 18.

The presence of a multi-age group of children provides a unique opportunity for children to learn from and support each other. Providers noted that this does not happen by chance. The provider must take an active role in guiding, assisting and encouraging all children to get along with each other and to develop peer social skills. This guidance may involve house rules, such as *"use your words,"* then acknowledging and supporting children who are trying to follow the rule. Other strategies identified as effective in assisting children to learn to consider the perspective and needs of others include: *"group games that involve turn-taking ... talking about feelings after reading a story or watching a television program, setting expectations about older children helping younger children ... recognizing and talking about feelings and how to deal with them during stressful times, such as during conflicts."*[6]

Communication Between the Provider and the Child's Family is Open and Honest

The provider understands that she has "stewardship" of the parent's child. She has and uses good communication strategies to keep parents informed and to seek their input.
— Focus group participant

The providers involved in the present study were adamant that frequent and open communication between the provider and the child's family is the foundation for a good partnership. The 30 Ontario providers who participated in an earlier study also stressed the importance of establishing and maintaining good communication with parents through being open and honest.[7] Good communication begins at the start of the relationship when parent and provider sit down and discuss what the parent needs, the policies and practices of the family child care home, the services that will be provided and administrative issues such as fees. Ideally, this discussion results in a formal written contract between provider and parents, which is periodically reviewed by both parties.

The need for honest, open communication between provider and the child's family continues for as long as the child is cared for by the provider. According to the providers in the present study, the first requirement is to give the parent or other family member picking up the child a brief and truthful summary of how the child's day went. This summary should include information about what the child did, any changes to the usual routine, at least one positive thing about the child, and accurate information about anything unusual or of concern that occurred. While parents want the good news, they also need to be prepared to handle any fall-out from something that may have occurred that was not pleasant or might have been stressful for the child.

Second, when concerns arise, it is essential to address them immediately and for the provider to be open and receptive to the parents' feelings and suggestions. Third, quality care requires provider and parent to schedule regular opportunities to engage in a more in-depth discussion of the child and of the family's child care needs. Such discussions need to include a review of the child's overall development, any difficulties that might be emerging and the family's wishes for their child. Provider and family then need to work in a collaborative fashion to identify goals and discuss how the provider and the child's family will support each other in working on these. *"When cooperation and collaboration with the parents is working, the children have continuity in their world and the caregiver can attain the quality he or she is striving for."*[8]

Setting Looks Like A Home and Acts Like A Home

Learning opportunities are woven into ordinary family activities not just through formal programming; relationships are family-like with the provider's husband and/or children being part of the child care children's experience. — Focus group participant

The providers in the present study felt that the children should have access to several parts of the house and should not be confined to one specific area, such as a family room with an adjoining washroom, that has been designated as "the child care space." They expected that children would use the family kitchen for eating and for activities such as baking muffins or messy crafts, that they would use a living area for other activities and that they probably would nap in one or more of the family bedrooms.

At the same time, there was acknowledgement that some specific planning for "child care space" was necessary. People identified a need for each child to have his or her own space for their coats and other belongings, for there to be a corner for quiet activities or where a school-aged child could retreat from the younger children, and for there to be specific storage arrangements for books, puzzles and other programming materials. While everyone agreed the home should be basically clean and safe, there was consensus that it should also "*look lived-in, be a bit messy, have children's artwork stuck on the fridge.*"

Quality for the providers who participated in this study also meant that children are involved in ordinary family chores just as they might be at home. Preparing snack or lunch is a "family" affair — older children help make sandwiches or set the table, infants are propped up so that they can watch what is going on. Children may have specific daily chores such as emptying the dishwasher or filling the dog's bowl with fresh water and everyone who is old enough pitches in to tidy up at the end of the day. One provider summed up what she meant by stating: *"A good family day care provider integrates learning experiences for the children into the natural pattern of her family routines involving meal preparation, household chores, errands in the neighbourhood."*

As noted earlier, providers also valued the "family" feel that results when the provider's spouse and/or children interact with the child care children on a regular basis, such as joining in their activities or involving them in gardening and other chores.

Home and Neighbourhood Are Used As Learning Opportunities

The provider extends the children's activities outside the home, she goes to the library for story hour, takes the children to weekly play groups where they can meet other children.
— Provider in an individual interview

According to the providers, the foundation for a quality program is sufficient space indoors or outdoors to permit children to run around and to engage in active games, places where children can engage in quiet activities or be alone and read a book, basic equipment such as strollers and high chairs, and an age-appropriate range of toys, books, puzzles, musical instruments and compact disks, craft and dress-up materials, gross motor equipment and so on. As discussed on page 35, the provider's skills and knowledge are also essential components. For example, she needs to be able to identify the next developmental stage for each child, and to have the skills to plan and implement appropriate activities that will support development.

Providers in both the focus groups and the individual interviews consistently expressed a vision of a quality family child care situation that involved:

- a basic daily routine and structure to provide children with a sense of predictability and security;
- a mixture of free play, activities planned by the provider, and activities that emerge "in the moment" because an opportunity presents itself or a child becomes interested in something. Examples given included going outside to watch and talk about a small plane landing in a field or the last minute switching of the theme of a planned activity from dinosaurs to ladybugs because a child had seen a couple of ladybugs in the garden and got interested in them;
- activities and approaches that assist, enable and encourage children to develop independence such as cutting up food into bite-sized pieces so that a toddler can self-feed;
- experiences that assist children to develop social skills and a sense of what is appropriate behaviour in various situations;
- activities that stimulate creativity and imagination such as pretending to be at the grocery store, making up and singing songs, and crafts that emphasize the process rather than the end product;
- purposeful use of daily family activities as learning opportunities. Examples given included talking with children about what they saw in the garden or expanding on their

comments, classifying and grouping items while sorting laundry coming out of the dryer, and helping children to be aware of left and right and of numbers while setting the table; and

- purposeful use of the neighbourhood to provide learning opportunities in real life situations. Providers talked about using a trip to the post office to buy stamps as an opportunity to discuss how letters move from one person to another, arranging for the children to get a tour of a dentist's office, and going to the grocery store and discussing the produce. One person shared that her group of children make weekly visits to specific residents in a retirement home so that children who don't have grandparents living nearby can develop a relationship with a proxy grandparent. Another talked about how many children never use public transportation with their parents so she deliberately uses the bus periodically so that children have this experience.

In summary, there needs to be a balance to the day — indoor activities and outdoor activities, planned activities and spontaneous activities/free play, activities within the home and activities in the neighbourhood.

Provider Has The Necessary Supports

A basic support structure is in place — opportunities for networking with other providers, training, obtaining advice or information. — Focus group participant

Support from other people was top on the list of required supports noted by the providers in this study. This is consistent with a previous Canadian study which noted that providers often talked about *"the importance of being connected with others and obtaining social support from a variety of people — from their families, from the children's parents, from home visitors, and from various provider groups and community programs."*[9] The most essential support is that received from the provider's own family. One provider noted during her individual interview that *"it would be impossible to do* [family child care] *if my husband didn't support me."*

Providers also stressed that such support doesn't just happen. Before starting to provide child care it is essential to discuss with all family members what will be involved and how their space and daily life may be affected and to seek everyone's opinions about how and when the family child care program will operate. It is also crucial to recognize that feelings and situations constantly change so that the continuation of the family child care business must be constantly re-evaluated and adjusted to respect the provider's own family's need for space and privacy.

Access to at least one other person who is a family child care provider was also viewed by focus group participants as a basic essential for quality. The importance of networking opportunities is supported by a recent multi-jurisdictional Canadian study. It found that providers who regularly network with other providers are more tuned in to and responsive with the children, and their homes obtain higher ratings on the extent to which they protect children's well-being and encourage their development.[10] A provider network or association has the potential to be a source of peer support and information on a wide range of topics, sometimes can provide access to opportunities for group buying of basic supplies or disability insurance, and potentially provides opportunities both to be mentored and to mentor.

Focus group participants identified the need for information on:

- what is required to operate a successful home: for example, what needs to be in written policies and in contracts with parents, how to set up and maintain records, how to access fee subsidy and other sources of government funding;
- available community resources such as provider networks, toy and equipment lending libraries, drop-in and play groups for children, and group buying opportunities for supplies and equipment; and
- sources of affordable family child care training and professional development.

Such information may be provided through a government licensing official in those jurisdictions that use this form of regulation, or through a family child care agency, a child care resource program or a provider network.

The providers in the present study were very conscious of the fact that the provision of good care and education for young children requires specific skills and knowledge. They repeatedly identified the value of *family child care-specific* training and professional development and the need for active outreach from support and training services. Again, the importance of training and engaging in professional development is supported by research. The same Canadian study cited above found that a higher level of overall quality in the home was predicted by the provider having completed a family child care-specific course.[11] There was also a strong positive association between the provider having engaged in professional development within the previous three years and both the extent to which the provider was tuned into and responsive with the children, and the overall quality of the family child care program.[12]

A recent Canadian study reports that 15.2% of the participating providers were looking after at least one child who has special needs.[13] A provider in the current study who was looking after two children who have special needs noted that she would not have been be able to do so without government funding that enabled her to hire a full-time assistant.

Provider has Appropriate Skills and Knowledge

Required skills and abilities

To be a good provider, you need to *"know yourself, know your values, biases, strengths and limitations, and act accordingly. Recognize and name situations of poor fit and learn to say 'no.' Look after your own health and well-being and have a plan to do so."* The importance for quality of the provider being able to set appropriate boundaries between her work and family life, to set limits on what she does, and to take the time to meet her own personal needs was also noted by the providers interviewed by Kyle.[14]

The ability to be flexible was almost a mantra with the providers in the present study. Flexibility was described as ranging from being able to take things in stride and to adjust planned activities accordingly, to being flexible in accommodating the needs or wishes of children and children's families. Providers also stressed that the provision of good child care requires the ability to reflect upon one's feelings and actions, and realistically evaluate their impact on the children and the program. An important part of such self-reflection is the ability to identify when advice, assistance or training is required and to seek it out.

Family child care is a business as well as a service. An understanding of and ability to handle the business aspects well provides a necessary foundation for quality. For example, well-thought out policies and procedures and a written contract with each child's family assists in open and effective communication. Knowing how to develop and maintain procedures to keep track of finances ultimately provides more time for interacting with children and their families and reduces the provider's stress level.

The required knowledge

Quality is a provider who is open to and continually seeks new information. A provider who takes responsibility for seeking out and participating in professional development opportunities. — Focus group participant

Knowledge of health and safety practices is the first requirement for quality care. Providers felt that at a minimum a person responsible for a group of children should have a current first aid certificate and know CPR. In addition, in a good child care home, *"the provider has some basic understanding of child development and is aware of each child's needs and limits and acts accordingly when working with the children."*

Summary

A provider who takes the time to encourage children to feel life, to ask questions, to explore their surroundings, and to try new things — this is what encourages readiness for school. Does this require planning? Yes, it does. Must it always be structured? No. — Provider cited in Galinsky, Howes, Kontos, and Shinn, 1994, p. 44.

Providers perceive a good family child care situation as being one where:

- each child's physical and emotional safety and well-being is protected;
- there is an affectionate, warm relationship between the provider and each child;
- the provider is flexible in responding to children's wishes, preferences and needs;
- the children have a family-like experience in a setting that looks and acts like a home;
- there is both some structure and planned activities for the children and opportunities for child-directed play and open-ended activities;
- the provider is skilled in using the home and the local neighbourhood as learning opportunities;
- there is open, honest communication between provider and the child's family and a sense of a true partnership;
- the provider recognizes that she must balance the needs of herself, her own family and the needs of the child care children and their families;
- the provider has the necessary supports such as networking with other providers and professional development opportunities; and
- the provider has the appropriate skills and knowledge, for example, knowledge of child development and the skills to translate this into practice.

Notes

1. Phillips, 1996, p. 51
2. Edwards, 1998; Kernested, 1997, McConnell, 1996
3. Kyle, 1999
4. Kyle, 2000, p. 45
5. Ibid
6. McConnell, 1996, p. 23
7. Kyle, 1999
8. Edwards, 1998, p. 23
9. Kyle, 2000, p.46
10. Doherty et al., 2000, Table 7.7
11. Ibid., p. 94
12. Ibid., Table 7.4
13. Ibid., p. 54
14. Kyle, 1999

CHAPTER 4

Vision of Quality Reflected in Training, Credentialing and Accreditation Programs

Introduction

The training programs[1] and accreditation standards for family child care homes[2] that have been developed by family child care organizations in Canada and the United States provide a vision of quality in the context of family child care. This vision is also explicit in the family-based section of the Canadian Child Care Federation's *National Statement on Quality Child Care*[3] and in the American Child Development Associate (CDA) credentialing program for family child care providers.[4] Collectively, these endeavours represent a consensus of the views of hundreds of family child care providers, of parents, and of staff in support programs such as resource and referral programs.[5]

The vision of quality in a family child care context that emerges from these training programs and statements of desirable environments and practices shares many similarities with the vision of quality in centre-based care.[6] Quality in both settings is seen to involve providing an environment that protects the emotional and physical health and safety of the children and that provides stimulating, developmentally-appropriate experiences that encourage children's development. In both settings, quality is perceived as requiring warm, supportive relationships between the adult and the children, a collaborative partnership between child care provider and the children's families, and a provider who takes responsibility for her own ongoing professional development. A base of good financial management and program administration is also beginning to be identified as a core requirement for quality in both the centre and family child care literature. There are, however, components of quality in family child care that do not appear in discussions of quality centre-based care or receive very little attention. These relate to the uniqueness of the setting: the greater prevalence of a mixed-age group of children, the more intense relationship between the provider and the child's family, and the reality of providing a service in one's own home.

This chapter identifies and discusses some of the aspects of quality in the family child care context as reflected by the materials produced for family child care training, credentialing, and accreditation programs and as articulated by people interviewed for this study who provide formal training for family child care providers. The components of the vision reflected by these sources that are discussed in this chapter are:

- warm, supportive relationships between provider and children and between provider and the children's families;
- skilful use of the home and local neighbourhood as learning opportunities;
- conscious use of the mixed-aged group as a learning opportunity;
- sound business management;
- a provider who takes care of herself; and
- a professional approach to the provision of child care.

Since this paper is an exploration of quality, it does not discuss the provision of a setting that protects children's physical and emotional health and safety. This is a basic requirement for even custodial care and quality cannot occur without this base.

Warm, Supportive Relationships

The most important aspect of a high-quality family child care program is its human relationships. As the provider, you set the emotional climate of the program. The quality of your relationships with the children and their families form the foundation of support for everything else that happens. — The National Association for Family Child Care, 1997, p. 1.

Provider and Children – A Supportive, Personal Relationship

The various documents consulted for this chapter consistently identified the promotion of a sense of security and of being valued as an individual in each child as the basic requirement for a quality family child care experience. This starts with appropriate demonstration of affection and understanding of the child's feelings. Children are comforted and helped when showing signs of distress, they are supported through emotionally stressful situations such as separation from parents, the provider demonstrates affection through kind words, hugs, pats on the shoulder, carrying or holding infants but she doesn't force physical contact on children who don't enjoy it. To the extent possible, children are allowed to decide what they want or need. For example, children who are not sleepy at nap time have a book read to them or are allowed to play quietly and if they so desire are permitted to nap at another time.

Another requirement for quality that is consistently identified is the provider's demonstration of respect for each child. The provider shows interest in what children do, listens to them with respect, and affirms what the children say they are feeling. She gives each child frequent, positive, individual attention, she does not treat any child in special ways that suggest favouritism and she does not scapegoat children. The provider takes the time to speak with the parents to find out the child's preferences and specific cultural approaches to child-rearing, and she uses this information to tailor her activities with the individual child.

A third criteria for quality is the encouraging and enabling of appropriate independence and a feeling of competence. The provider encourages appropriate independence by providing opportunities for children to make choices, she sets up the environment so that it assists and supports independence, and she provides both opportunities and encouragement for children to be independent. For example, a step stool in the bathroom enables children to reach the basin; toys on low shelves enables them to select what they want; babies are allowed to finger-feed themselves and toddlers to serve themselves; and children are supervised at a developmentally-appropriate level.

Provider and Parent – A Collaborative Partnership

The parent and the caregiver become partners who communicate respectfully and openly for the mutual benefit of the children, the family, and the caregiver. Caregivers also recognize that parenthood, too, is a developmental process and that they can support parents in their role. — The CDA Competency Standards for Family Child Care Providers, 1997, p. 74

Many of the requirements for good provider-parent relationships noted in descriptions of quality centre-based care, such as open, honest and respectful communication, also apply to family child care. However, various studies have found that the relationship between family child care provider and parent is more extensive and more intimate than that between centre teacher and parent. Providers act as a resource, a role model and a support for parents. Often, the relationship develops into a friendship. At the same time, the provider is operating a business in her home and has responsibilities to her own family and to herself. In order to protect her ability to provide good child care she must balance being a provider of a service for several families and the friend of a particular parent or parents.

A genuine respect for the fact that parents are the final decision-makers in regard to their children and open, honest, frequent, meaningful communication is consistently identified as the basis of successful collaboration between the provider and the child's family. When first meeting the family and periodically thereafter, the provider discusses the family's hopes and wishes for its child and seeks information that will help her to provide personalized care such as the family routines for eating and napping, special health concerns, the child's interests, and family child-rearing approaches. The provider establishes a clear understanding with each family at the beginning of the relationship on hours of care, amount of fees and the fee payment schedule, when a child will be considered too ill to attend, what will be done in an emergency, and the responsibilities of both parties. This understanding is periodically reviewed and adjusted as necessary to ensure that it continues to meet everyone's needs.

While the child is in care, there is ongoing communication about the child's daily experiences at home and in the family child care setting, health and behaviour, and current interests. The provider asks parents for suggestions, seeks their participation in setting goals for their children, involves them in reviewing/developing policies for the home, and is sensitive to the family cultural, religious and other preferences. While not all preferences and family practices can be accommodated, the provider is able to indicate her genuine respect for them. The provider advises parents early when changes are going to be made to the program or she has a planned absence.

Training programs and accreditation criteria are also clear on the need for the provider to address issues, such as repeated late pick-up, with all parents honestly, calmly and promptly. They also note the need for the provider to recognize the appropriate limits of the advice and support she can provide to parents. The provider must be prepared to make referrals to an appropriate agency when a parent is seeking the provider's advice on personal issues, family problems, or money troubles as opposed to seeking advice on child-rearing or information about community resources.

Skilful Use of the Home and Local Neighbourhood as Learning Opportunities

As they are able, children are included in daily routines such as helping to prepare food, simple chores such as setting the table, and family interests such as gardening. The provider enhances learning during daily home experiences by explaining processes and sequences... answering questions and talking about what the children are experiencing. — Family Child Care Quality Criteria Project, 1995, p. 14.

The Setting

Provider training programs and accreditation statements about what is required for quality family child care consistently describe a home-like situation where the child care program involves the use of various rooms. As noted by the Family Day Care Association of Manitoba (now combined with the Manitoba Child Care Association), *"Children are* *blended into the home environment. The provider does not change the home environment into a mini child care centre."* The living room or family room is used by the provider when reading to or with children, and by children who are engaged in things such as block play, pretend play, puzzles, reading, or watching a children's program on television. The kitchen is the site for helping to prepare food, eating, doing arts and crafts, conducting simple experiments and various other potentially messy activities. Children nap on their own bedding in family bedrooms and use the family bathroom. Regular access to an outdoor space is another consistent refrain in training and accreditation programs. The preference is for a fenced back garden with equipment and toys such as tricycles, skipping ropes and frisbees. If this is not available, the local park should be used.

Certain adjustments also need to be made when a family home is the setting for a care and education program. Starting at the entrance there need to be hooks or a coat rack and boot trays or individual cubbies to accommodate the children's coats and mitts and other personal belongings. The main play area used for the program needs to have sufficient space, any items that should not be touched by children need to be removed, and ways need to be found to divide the space so that there are smaller, quiet areas where children can go for quiet time alone or to use materials without interference from younger children. Toys, books and other materials need to be arranged on shelves or in ways that enable children to have easy access to what they want to use. When the children are not present, toys and craft materials need to be stored unobtrusively. If there are young children in care, the bathroom should have a step stool so that smaller children can use the toilet and reach the hand basin.

The Activities

Provider training programs and statements on quality also envision a child care provider who supports children's development through a combination of:

- planned activities, such as crafts, model building or story time;
- child-initiated activities such as dramatic play;
- daily family chores; and
- purposeful use of community resources.

The home has a variety of developmentally-appropriate music and manipulative toys, art and craft materials, dress-up clothes and pretend-play props, board and other games, books, musical instruments, compact disks, etc. These are arranged on shelves or in ways that facilitate age-appropriate free access by the children and changed on a regular basis to avoid boredom. In addition to reading with children and offering some planned activities, the provider takes advantage of and builds upon natural opportunities that occur in a home to explore and learn. Children are allowed to play with safe materials and everyday objects such as pots and pans, plastic bowls, empty egg cartons and old magazines. Colours, shapes and textures are discussed while putting away laundry, while preparing a meal becomes an opportunity for preschoolers to measure and mix things and to learn about the concept of sequencing. Responsibility is encouraged by having younger children help to get snack for the school-age children to come "home" to and by older children being asked to read or look at a book and tell the story to younger children.

The developmental opportunities of the home are expanded by regular, planned use of community resources. A walk to the park includes encouraging children to talk about what they see and to seek out materials that can be used for craft work. The resource centre's weekly play-group provides exposure to other children, and to toys and equipment that the provider may not have. The community library provides access to a wide variety of books and tapes and may also have a story hour. The local school's outdoor rink is the setting for learning how to skate. A child's relative or a friend of the provider visits the program to share a special skill or experience, and the local fire hall or other community service periodically is asked to give the children a tour.

Spontaneity Within a Routine

Children feel more secure when their days have a predictable pattern and typical daily routine. While acknowledging that, training programs also stress the value of the provider spontaneously varying her routines in order to meet an individual child's needs or to take advantage of unusual learning opportunities. For example, in a quality family child care situation the children are allowed to eat when hungry and nap or rest when tired. When a couple of the older children are totally engaged in constructing something, the provider recognizes that they are practising concentration as well as being creative, and lets them continue until they reach a natural stopping place and are comfortable with the idea of resuming the activity later. When workers appear next door to re-surface the driveway, the provider recognizes a "teachable moment" and everyone troops out to watch and ask questions.

Conscious Use Of The Mixed-Aged Group As a Learning Opportunity

Activities such as dress-up, creative movement, music, blocks and building supply many hours of fun and learning when used in a variety of ways for different ages. — Alberta Association for Family Day Care Services, 1996, Section 4.

Many of the parents interviewed as part of the present study stated that they liked the mixed-age group because it allows children to experience something like having older and/ or younger siblings and helps them to learn how to get along with children of different ages.

Training programs identify various ways in which quality family child care addresses the challenges of a mixed-age group and uses the presence of children of varying ages as a learning opportunity.

- In addition to the common area used by all children, the home provides some areas for specific groups through separating space by low shelves, baby gates and so on. The area for smaller children may have a blanket to sit on and bins for blocks while the older children's area has shelves for materials and books and a table top for arts, crafts and puzzles.
- The provider balances the differing developmental needs of the children in ways that enable them to interact in the same space at the same time and thereby provides an opportunity for learning by observation. She provides various types of paints, brushes, crayons and papers so that the whole group of children can engage in art activities together but in different and developmentally-appropriate ways. For example, when the group is gardening she provides children with different tasks such as raking, weeding or cutting grass or while older children are assisting in getting the snack ready and setting the table, the provider gives the toddler a manipulative toy to play with.
- The provider capitalizes on the presence of a mixed-age group as an opportunity to assist children to learn from each other. A school-age child learns to be more understanding of children with lower developmental skills through helping a preschooler to dress or to do a puzzle. Younger children are encouraged to watch and to copy older children in order to discover how to throw the basketball so that it goes into the hoop.

Sound Business Management

A family child care provider is a self-employed small business operator and must address the implications of this fact. Sound business management improves the overall quality of the home by increasing provider efficiency, decreasing provider stress, and enabling the provider to spend more time and energy on the children and less on administration and "putting out fires." Managing the business aspect of family child care effectively also increases provider earnings and the probability that the home will be financially viable. Written policies around issues such as behaviour guidance, fees, and dispensing medicine orient new families to the practices of the program and reduce the possibility of misunderstandings. A clear written contract that outlines the parents' and the provider's responsibilities also reduces the likelihood of problems and when they arise gives both parties a document to refer back to and modify if necessary. Up-to-date records on each child and on income and expenses maintained in an organized, accessible system assist the provider to meet children's needs and reduce sources of stress such as not being able to find receipts when it is time to file income tax forms. Risk to the viability of the child care business is reduced by maintaining adequate liability insurance, automobile insurance and provider disability insurance.

Family child care training programs and accreditation criteria identify a quality family child care setting as one where the provider has a written statement of her child care philosophy and written policies regarding things such as behaviour guidance, under what circumstances a child who is ill may attend the program, and late pick-ups. These documents are given to and discussed with each family before the child starts care. She also develops an individual written contract with each family and reviews this with the family periodically to ensure that it still meets both parties' needs. The provider maintains individual records for each child including a consent form for emergency medical or dental care and information about emergency contact people, people who are permitted (or not permitted) to pick up the child, known allergies or other existing medical conditions, the child's likes and dislikes, the child's progress in the program, and formal meetings with the child's parents. The home's financial files include an attendance journal, records and receipts for expenditures, a fees journal, and the bank statements and cancelled cheques. The insurance coverage is adequate to protect the children, the provider and the financial viability of the business.

In summary, the caregiver provides a firm foundation for quality by being attentive to the management of the business. She maintains appropriate financial and administrative records in a way that makes it easy to track income, expenditures and the home's current financial situation. She has written contracts with parents, written policies and maintains appropriate levels of insurance.

A Provider Who Takes Care of Herself

A child care provider's work can be physically and emotionally exhausting. Before you can attempt to meet the needs of the children and their families you must first take care of yourself. — Western Canada Family Child Care Association of B.C., 1996, p. 12.

In a very real sense, the provider's physical and emotional health and well-being are the foundation upon which quality family child care is built. There is a real danger of stress and burnout in a job that involves long hours doing emotionally and physically demanding work with few opportunities for a break, usually without assistance from others, and involving conflicting roles and demands. The provider is often mother to her own children who are present, a paid care provider for other people's children, a provider of support to the children's parents, a wife, and a business owner/operator. To ensure quality child care, providers need to be able to balance their own needs, their family's needs, and the needs of the child care children and their families.

Courses for family child care providers stress the importance of practising healthy habits – obtaining adequate rest and exercise, eating a healthy diet, having regular dental and physical check-ups and addressing problems promptly, using effective time management strategies, obtaining support from others through networking, and engaging in activities that provide enjoyment and rejuvenation. For example, providers are advised to sit down and have proper meals, to take five minutes for a muffin or a piece of fruit as an energy pick-up, to get fresh air and exercise every day, to seek out positive physical contact such as a hug, and to schedule a quiet transition time at the beginning and end of each work day.

The balancing act between one's own family and the child care business is consistently identified as a major potential source of stress. It is essential that the provider explore with her partner and children how the child care business will affect their lives, and how they feel sharing her and their home with others on a regular basis. She needs to actively seek the support of family members through strategies, such as including them in making decisions about how the family child care business will operate, and must support their needs for private space, time and belongings. The personal situation of family members will change over time and the provider needs to periodically check back with each individual about their feelings concerning the child care business and make the appropriate adjustments.

A Professional Approach to Providing Child Care

You are ethical and caring in your relations with children and families... You are reflective and intentional about your work, seeking continuing education and support from others. You abide by legal requirements. — The National Association for Family Child Care, 1997, p. 55.

As noted in the National Association for Family Child Care accreditation criteria, a professional approach means:

- focusing on the needs of the children while they are present and not allowing other demands to take priority;

- reflecting about what occurs with children and their families, what might be going on, and what might need to be changed;
- maintaining confidentiality in regard to the affairs of and conversations with children's families;
- operating the child care business in compliance with relevant regulations and by-laws;
- continually seeking to advance one's knowledge and skills through professional development and networking with other providers; and
- looking after oneself and taking precautions to avoid becoming overly stressed or unwell.

All but one of these attributes of a professional approach to family child care also hold true for caregivers working in centres.

Common Views Among Parents, Providers, and Family Child Care Training, Credentialing, and Accreditation Programs

There are several clear areas of commonality between parents' perceptions of what makes for a good family child care home, the opinions of the providers who participated in the current study, and the opinions of training, credentialing, and accreditation programs. These areas of commonality are the value placed on:

- warm, supportive relationships between provider and children;
- a collaborative relationship between provider and parents with open, respectful communication;
- the use of the home and the local neighbourhood to provide children with stimulating, interesting experiences that will support and assist their development; and
- the exploitation of the presence of mixed-age children as an opportunity for learning.

Notes

1. Alberta Association for Family Day Care Homes, 1996; Canadian Child Care Federation, 2000; Family Day Care Association of Manitoba, 1994; Western Canada Family Child Care Association of B.C., 1996.
2. Harms, Cryer and Ray, 1997; National Association for Family Child Care, 1998
3. Canadian Child Care Federation, 1991
4. Council for Professional Recognition, 1997
5. For example, 376 people are identified by name as having been involved in the development and/or initial review of the accreditation standards now used by the U.S. National Association of Family Child Care (National Association for Family Child Care, 1998, p. iv).
6. Canadian Child Care Federation, 1991; National Association for the Education of Young Children, 1998
7. Kyle, 1998; Nelson, 1991; Pence and Goelman, 1987b; Powell and Bollin, 1992
8. Family Day Care Association of Manitoba, 1994, p. 25

CHAPTER 5

The Views of Canadian Society as a Whole

Every child should be valued and have the opportunities to develop his or her unique physical, emotional, intellectual, spiritual and creative potential... First Ministers therefore agree to work together so that young children can fulfill their potential to be healthy, safe and secure, ready to learn, and socially engaged and responsible.[1] — Canadian Intergovernmental Conference Secretariat, 2000, pp. 1-2.

Introduction

Concepts of child care quality differ across countries as a result of differing views about childhood, how children should be reared, and the purposes of child care. A recent review of early childhood care and education services in 12 countries notes that countries such as Denmark and Sweden view childhood as a time to be a child rather than primarily as a preparation for adulthood. In countries with this view, child care's role is to support children's overall well-being and to contribute to their development of social skills. Evaluations of child care services in these countries tend to emphasize the quality of the child's daily experiences and the level of the children's social development. Other countries, such as Belgium, the United States and Britain, view childhood as a time to prepare for adult life. As a result, achieving school-readiness is considered an important goal for child care and quality level is often judged by the level of the children's language and problem-solving skills.[2]

Because of differences across countries in their visions of quality child care, when defining quality in the Canadian context, *"it is important to articulate the purpose of child care... [and] how we as a society think children should be raised and what kinds of experience we think they should have."*[3] This is difficult to do in Canada where child care is considered to be a provincial/territorial responsibility – a fact that has curtailed the development of a pan-Canadian goal statement or vision for child care by the federal government. With the exception of Québec, provincial/territorial governments have not articulated a clear vision of the purpose of child care and how it fits into family policy. In addition, in most cases, they have failed to describe the sorts of experiences children should have in child care settings.

In the absence of a pan-Canadian consensus, this chapter attempts to determine the views of society as a whole through examination of relevant government documents and the implicit vision of quality family child care conveyed by them. It also reports on the views of people who monitor and regulate family child care, specifically:

- licensing officials in British Columbia, Manitoba and Saskatchewan;[4]
- family child agency home visitors in Alberta, Nova Scotia and Ontario;[5] and
- coordinators of the family child care component in a group of Québec Centres de la petite enfance (CPEs).[6]

Government documents indicate consensus across the whole country that an important purpose of family child care is the support and enhancement of children's development. The vision of quality family child care that emerges from government documents and from the key informants is one where:

- children's physical and emotional health, safety and well-being are protected;
- children have a warm, supportive relationship with their family child care provider;
- there is a collaborative partnership between the provider and the child's family based on respect and good communication;
- the family child care setting looks and functions like a family home;
- the family child care situation provides toys, material, equipment, and experiences that encourage children's development and foster their school-readiness.
- the provider is skilled in using everyday family activities and the local neighbourhood as opportunities for learning and in supplementing these with activities that encourage children's development such as reading, art, and making models;
- the provider has the ability to balance the needs of her own family, of herself, and of the child care children and their families;
- the provider has basic knowledge of hygiene and safety, nutrition, and child development; and
- the provider is committed to family child care as a career and actively seeks out ways to expand her knowledge.

Government Documents

Purposes of Child Care

The Québec government identifies the overall purpose of child care programs whether family- or centre-based as the provision of *"a warm and stimulating pre-kindergarten environment. Thus the children will have experiences that foster their development and also enable them to acquire the skills needed to succeed in school."*[7] The communiqué from the September 2000 First Ministers' meeting[8] implies a purpose that was agreed to by all the other jurisdictions. This document identifies the strengthening of early childhood development, learning and care as one of the four key areas for action by the federal/provincial/territorial governments and cites child care as an example of a service that might be included in this action area. The document notes that the intention of the agreement reached by the First Ministers is to support services *"that promote healthy development, provide opportunities for interaction and play, help prepare children for school and respond to the diverse and changing needs of families."*[9]

The two documents taken together reflect the views of all the provinces and territories and indicate a consistent purpose for child care – fostering children's development and school-readiness.[10] This should not be interpreted as meaning that quality child care must concentrate primarily on offering highly structured, school-like experiences for the children. The Québec government's document notes that *"an educational program for small children must be focused on play. For children, play is the instrument par excellence to explore and understand the universe... Through building games they discover the laws of balance. Through games with rules they develop social skills that are indispensable for living in a group."*[11] It also notes that children should be given opportunities to move around and develop their fine and gross motor skills, to learn about the world around them, to develop the ability to express themselves and solve problems, to learn how to function in a group, respect rules and settle conflict, and to develop their self-confidence and self-esteem.[12]

Types of Experiences Children Should Have

All the provinces and territories regulate the total number of children permitted in a child care home and, in the case of regulated homes, the number of children by age level. Most also have requirements related to basic health and safety, such as the presence of smoke detectors, or a statement that the home must have passed an inspection by the local health and fire authorities. Several jurisdictions have explicit requirements about the amount of space per child. Five jurisdictions, Alberta, British Columbia, Québec, Saskatchewan and the Yukon, also provide descriptions of the types of experiences children should have.

A Home-Like Setting

Alberta, British Columbia and Québec explicitly or implicitly indicate that family child care should involve the use of several rooms in the home and the provision of a home-like experience for the children. British Columbia is the most explicit, stating in its family child care licensing policies and procedures manual: *"Family child care is the provision of care in a licensee's principal residence. The importance of a home-like atmosphere and the provision of family centred activities are emphasized. A licensee's home does not include outbuildings such as a separate mobile home, renovated barn, garage, or other detached* *physical structure which may be connected to the principal residence by means of a covered walkway. It is an expectation that children will have reasonable access to the main living areas of the home, including the kitchen and areas for eating, play and nap time... Children should not be restricted to one room or area of the home."*[13]

In its regulations pertaining to family child care, the Québec government states: *"The private residence where the recognized person [family child care provider] provides child care shall contain: a kitchen, an area designated for eating, a room equipped with sanitary facilities, and a room for the children's games and activities"* and that the rooms (note the plural) used for the program activities have a window with a view outside.[14] While not as explicit as the British Columbia policies and procedures manual, these regulations are interpreted by CPEs as requiring providers to use multiple rooms in the home for their child care program.[15]

Alberta is divided into regional children's and family services authorities which can set their own policies. One authority's written guidelines specify that all rooms used by the children except the bathrooms should have a window, and that there must be sufficient indoor and outdoor space to accommodate active and quiet play, group and individual activities, and nourishment, rest and napping. Again while not explicitly stated, this description appears to imply use of multiple rooms within the home.[16]

Providing Activities that Support and Stimulate Development

British Columbia's regulations are the most detailed in regard to the activities that are to be provided. They state that the licensee (that is, the family child care provider) shall provide *"a comprehensive and coordinated program of activities that is designed for the development, care and protection of children."*[17] Schedule D of the regulations specifies that the program must provide activities that support and stimulate development in the physical, intellectual, language, emotional and social areas, and lists the type of activities to be included for each area. For example, under the heading pertaining to intellectual stimulation it notes that the program should include activities that encourage concept-building skills, reasoning and problem-solving skills, creativity and a greater understanding of the environment. The government has produced a checklist of desirable furnishings and equipment for programming in each area for use in family child care.[18] Providers are encouraged to use this checklist to self-assess their programs and licensing officials use it as a tool for discussion regarding the home's program and compliance with requirements.[19]

Saskatchewan has recently released a manual for licensees and government officials responsible for licensing that provides for each of its child care regulations: a statement of intent; definitions and descriptions of the essential action and practice that must be taken by the licensee in order to meet the regulation's requirements; and suggested best practice.[20] In clarifying Part III, section 13 of the regulations, the manual notes that the intent of the regulation is to ensure that each child's developmental needs are met. The guidelines include having a daily program that allows for a balance of activities including indoor and outdoor activities and *"activities that promote physical, cognitive, language, emotional and social development."*[21] Another section of the manual related to Part III, Section 19 of the regulations clarifies that the intent is to ensure that the setting has appropriate and adequate equipment and provides guidelines, listing as requirements the materials and equipment for fine and gross motor play, dramatic play, blocks, creative and art activities, materials related to language and reading, to numbers and math, to music and movement, and to science and nature.

The regulations in Québec state that the family child care provider must be capable of providing a program of activities that will promote the children's physical, intellectual, emotional, social and moral development.[22]

The guidelines from the Ma Mowe Capital Region Child and Family Services Authority in Alberta state that there must be accessible toys, equipment and materials and make reference to painting, water play, reading, and listening to music – activities that assist children to learn about the world around them to develop their school-readiness skills.[23] Similarly, the Yukon government notes that family child care providers should ensure the adequate availability of developmentally-appropriate books, toys and equipment such as puzzles, props for imaginative play, materials for arts and crafts and for science activities, and materials that encourage involvement in music and movement.[24]

Summary

Collectively, government documents indicate that the support and enhancement of children's development is an important role for family child care. They also suggest that children in family child care should experience a setting that is similar to a family home and has a variety of toys, materials, equipment and activities that support and encourage development in all areas.

Views of People Responsible for Monitoring and Regulation

There are two methods for regulating family child care providers in Canada. The first involves licensing each individual person by a provincial or territorial government. The second method involves the government entering into a contract with a family child care agency (CPE in Québec), which in turn hires home visitors who monitor the providers associated with the agency. Ontario very explicitly holds the agency *"accountable for ensuring that providers and their homes are in compliance with the Day Nurseries Act and the Private Home Day Care Regulations regarding health, safety and child care practices."*[25] Regulatory responsibility is implicit in the other provinces using the agency model in that agency home visitors are required by the jurisdiction to make regular in-home visits to observe the care being provided. Agencies can discontinue their association with a home if they have concerns about the care or believe the provider is violating provincial requirements. Such action deregulates the home. This paper takes the position that the views of government officials responsible for licensing family child care providers, agency home visitors, and the coordinators of the family child care component in Québec CPEs, at least to some extent, reflect the vision of quality family child care in the jurisdiction in which they work.

This section reports the views of:
- a licensing official from each of British Columbia, Manitoba and Saskatchewan;
- three home visitors from Ontario and one from each of Alberta and Nova Scotia; and
- a group of 28 coordinators of CPE family child care components in Québec.

The views of the CPE coordinators were obtained through a focus group while the views of the other key informants were obtained through individual telephone interviews. Information about the questions used to stimulate discussion is provided in Appendix C.

A substantial degree of consistency emerged in the opinions expressed by all three groups of key informants. Therefore, the views from all three groups on what constitutes quality in the context of family child care have been collapsed and reported under topic headings.

Warm, Supportive Relationship Between Provider and Children

When asked about the absolute basics for quality family child care, many key informants immediately identified the key as warm, supportive interactions between provider and children. They talked about the provider being respectful of children's differences, needs and opinions and relating to children on this basis. *"She doesn't tell the child what he is feeling, she tries to solicit this from the child."* Other examples of a warm, supportive relationship included the provider being openly affectionate with children, being sympathetic in a way that is developmentally-appropriate when a child is hurt or upset, speaking with rather than at children, having realistic expectations of children, being willing to adapt to children's wishes by making adjustments to routines or plans, and giving children praise for their effort not simply for their accomplishment. When visiting homes, both licensing officials and home visitors wanted to see providers trying to understand what might lie behind challenging behaviours, supporting and assisting children to deal with frustration, and using positive behaviour guidance strategies such as redirection. The government of Saskatchewan states: *"A family child care home provider is an open, warm, concerned, caring and nurturing caregiver."*[26]

A Home-Like, Child-Friendly Setting

There was broad agreement among key informants that one of the foundations for quality is a setting that is child-friendly and welcoming. There should be a step stool in the bathroom so that children can use the sink independently, shelves with toys and other materials should be at child height so that children can reach them easily, and there should be some child-sized furniture. There were several comments about the importance of the setting reflecting the child care children. For example, each child has a clothes hook at child level or a cubby with his or her name on it, children's artwork is posted, there are pictures of the children's families, and children bring their own treasured possessions such as a favourite toy or blanket.

Licensing officials and home visitors were consistent in expressing a preference for the use of several rooms in the home for the child care program. There appeared to be two reasons for this preference. The first was a belief that it is desirable for children to have a home-like experience. The second was identifying that a quality program requires sufficient indoor space to permit both quiet or individual activities and more vigorous group play. Key informants wanted the children to be free to use the kitchen for eating and messy activities such as art, a living area for activities such as dramatic play, puzzles, listening to music or reading, and bedrooms for naps. Most key informants noted the desirability of a large, fenced back garden with good climbing equipment and space for children to run around and play active games. A noted by a home visitor, *"when a home has babies present, it may be difficult to get the children to the park."*

Both home visitors and licensing officials noted that more and more providers are restricting their programs to a specific area, often a basement with an attached bathroom. A variety of reasons were suggested for this emerging trend. In some cases it may be a result of the fact that *"some parents want a mini-centre – a specific space dedicated to the program."* In other situations the provider may be using this arrangement as a way to ensure her own family's privacy or trying to give the message that she is not just a "babysitter" by developing a sole purpose space that mimics a centre classroom with activity corners. Licensing officials and home visitors are concerned about the move to sole-purpose space since they fear that something valuable – a child care setting that looks and functions like a home – may be lost.

Daily Experiences that Encourage Children's Development

Three types of provider behaviour were identified as crucial foundations for daily experiences that support and enhance children's development. The first is being focused on the children. *"I like to see the provider actively engaged with the children – sitting on the floor and reading to them, singing with them, doing block play."* The second type of behaviour involves being organized, doing some pre-planning before the children arrive, and having a consistent daily routine that enables children to anticipate what will happen next. A certain amount of predictability and structure were identified as contributing to children having a sense of security and to smooth transitions between activities. At the same time, key informants identified appropriate flexibility as a third important behaviour. They expressed the opinion that children's development is supported when the provider recognizes when she needs to be flexible, for example, to capitalize on an interest while it is still present. In describing the behaviour of a "good" provider, a home visitor said: *"Even if something is planned, she is willing to change and to take advantage of an opportunity such as painters working outside next door or to capitalize on a child's interest."* Another key informant noted: *"If kids are engaged in an activity and want to continue, she lets them, she doesn't say now it's time to clean up because we have to do so-and-so."*

Licensing officials and home visitors identified a quality daily experience as one where there is a balance between quiet and active time, between provider-initiated activities and activities initiated by the children or free play, between individual activities and group activities, and between indoor and outdoor activities. This is supported by the availability of a variety of interesting, developmentally-appropriate toys, books, puzzles, art and craft materials, things to use for music and dramatic play props. Several key informants specifically commented on the value of open-ended activities and free play to develop creativity and to stimulate self-reliance. *"Kids need opportunities and encouragement to engage in their own imaginative play or simply veg out. Children who are constantly structured don't learn how to structure themselves."* Other ways in which providers support development include expanding on children's language, supporting children to be independent and to make their own choices, encouraging dramatic play, assisting children to problem-solve around disputes with the other children, and restricting the use of television and computers. When doing activities such as crafts, a provider who is encouraging development focuses on the process rather than the product.

There was general agreement that a provider who supports children's development is skilled in using daily home activities as learning opportunities and makes good use of the local neighbourhood to supplement the experiences she can provide in the home. A couple of people expressed regret that some providers are moving towards a more structured, formalized program with an emphasis on provider-initiated activities and products that "look like something." It was suggested that in part this reflects pressure from parents. Home visitors reported that more parents are expressing concern about school-readiness and a desire for formal "educational" activities. *"They [parents] don't understand that learning can occur through everyday activities."*

Family-Like Experience

The family setting and mixed aged group in family day care gives children experiences that are a good foundation for adult life – it teaches children how to be a family. — Home visitor

Experiences such as playing with the provider's children when they come home from school were identified by several key informants as giving children the feeling of being part of an extended family and as providing important learning opportunities. As noted in Chapter 2, parents also value the recreating of a family environment and the opportunity for their child to be part of an extended family.

Collaborative Partnership Between Provider and Parents

The provider recognizes this is a partnership – she appreciates and respects that others may have different child-rearing approaches and discusses things with parents. — Licensing official

Licensing officials, home visitors and CPE family child care coordinators all commented on the importance for quality of a respectful, collaborative partnership between provider and the child's parents. Such a partnership requires a provider with the ability to communicate in a clear, calm, positive fashion with parents whether she is sharing her philosophy and policies, providing information about what the child did that day, or bringing up a concern. She also needs the ability to discuss differences of opinion or child-rearing approach with parents in a way that does not antagonize them and to engage parents in deciding how to address the difference. Finally, respecting the confidentiality of information shared by children and by their families is a crucial part of providing quality family child care.

Provider Has Certain Characteristics, Skills and Knowledge

Key informants responsible for regulation repeatedly identified certain provider characteristics, skills and knowledge as important for the provision of the type of experiences they felt children should receive. Provider characteristics most frequently noted as being important were a genuine love of children and of working with them, and a commitment to providing child care as a career. Providers who view child care as a career were identified as usually interested in extending their knowledge and active in seeking information and professional development opportunities. When a provider expands her knowledge base she is better able to meet the needs of the children and their families.

The provider skills most frequently identified as being important for the provision of positive experiences for children were: to remain calm, to identify her own limits and set realistic expectations, and to balance different roles and demands. For example, the provider needs to know how many children she is comfortable caring for and to not go beyond this limit; to identify when she is becoming over-extended and to cut back; to recognize when others are making unrealistic demands and to say "no." It is crucial that the provider be able to balance the needs of her own family, of herself, and of the child care business or she will burn out. On a more pragmatic level, licensing officials identified the importance of being able to keep track of revenue and expenditures, and to maintain children's financial and other records in an organized fashion that enables easy retrieval of information.

Not surprisingly, the need for knowledge of health and safety practices and of child development was also often identified. Prince Edward Island, Québec and the Yukon require family child care providers to complete a formal child care training program within a set period of time after beginning to provide child care. Participation in an orientation to family child care is required in Newfoundland and Saskatchewan. Key informants stressed that the provider's knowledge, whether obtained by formal training or other means, must be accompanied by the ability to use the information to meet children's needs.

Summary

This chapter has explored the views of society as a whole regarding what constitutes quality family child care as reflected through government documents and the opinions of people who are involved in the regulation of family child care providers. It reports considerable consistency with the views of parents who deliberately choose family child care and with the opinions of family child care providers themselves (see chapters 2 and 3).

The development of children's school-readiness emerges as an important societal goal for child care. Government documents and key informants agreed that the basic requirements for family child care programs that are able to support this purpose are:

- a setting and provider practices that protect children's physical and emotional health, safety and well-being;

- a provider who is nurturing and supportive with the children;
- a collaborative partnership between the provider and the child's family based on respect and good communication; and
- the availability of toys, material, equipment and experiences that encourage children's development and foster their school-readiness.

Key informants also identified the importance of:

- a setting that looks and functions like a family home;
- a provider who is skilled in using everyday family activities and the local neighbourhood as opportunities for learning and in supplementing these with activities that encourage children's development such as reading, art, and making models;
- a provider who has the ability to balance the needs of her own family, of herself, and of the child care children and their families;
- a provider with basic knowledge of hygiene and safety, nutrition, and child development; and
- a provider who is committed to family child care as a career and actively seeks out ways to expand her knowledge.

Notes

1. This communiqué from a meeting of the federal/provincial/territorial First Ministers was signed by all jurisdictions except Québec. While that province indicated support for the concept of assisting children to reach their potential, it wished to preserve its sole responsibility for developing and implementing early childhood programs in its own jurisdiction.
2. Organization for Economic Co-Operation and Development, 2001, pp. 63-64
3. Kyle, 2000, p. 85
4. In these three provinces, family child care is regulated through individual licensing of each provider.
5. By legislation, family child care agencies are explicitly responsible for the quality of care provided in the homes affiliated with them in Ontario and implicitly responsible for this in Alberta and Nova Scotia.
6. As part of the 1997 reform of child care in Québec, the government announced the creation of *Centres de la petite enfance* (CPEs) out of the then-existing non-profit child care centres and family child care agencies. All CPEs are required to provide both centre- and family-based child care. Like family child care agencies in other provinces, CPEs monitor the homes affiliated with them and are implicitly held responsible for their quality.
7. Ministère de la famille et de l'enfance, 2000, p. 2
8. Canadian Intergovernmental Conference Secretariat, 2000
9. Ibid., p. 3
10. The First Ministers' agreement focuses on children under age six and therefore is silent on requirements for programs serving school-aged children. In Québec, school-age child care programs are not under the jurisdiction of the Ministère de la famille et de l'enfance. This explains why a document produced by this ministry does not make reference to goals for programs serving children attending school.
11. Op. Cit., p. 2
12. Ibid
13. Community Care Facilities Program, 1995, Section 2, subsection 8
14. Québec, 1999, sections 57 and 60
15. Tougas, 2002, Appendix C
16. Ma Mowe Capital Region Child and Family Services Authority, 2000
17. British Columbia, 1989, section 29
18. Ministry of Health and Ministry Responsible for Seniors, undated
19. Donna Skoreyko, Government of British Columbia, personal communication
20. Saskatchewan Social Services, 2002
21. Ibid. Part III, p. 2
22. Québec, 1999, Section 24
23. Ma Mowe Capital Region Child and Family Services Authority, 2000
24. Yukon Department of Health and Social Services, 2001
25. The Home Child Care Association of Ontario, 1994, p. 1
26. Saskatchewan Department of Social Services, 2000, p. 1

CHAPTER 6

A Vision of Family Child Care Quality

Quality child care is child care that:
- *supports and assists the child's physical, emotional, social and intellectual well-being and development; and*
- *supports the family in its child-rearing role.*

— Canadian Child Care Federation, 1991.

Introduction

This chapter summarizes the vision of quality in family child care held by three primary stakeholders – user-parents,[1] family child care providers,[2] and society at large as represented by the opinions of people involved in regulating family child care.[3] It also incorporates information obtained through a review of government documents related to child care and the vision of family child care quality reflected in materials from family child care training, credentialing[4] and accreditation programs.[5]

Whether or not a service is considered to be high quality depends upon the perspective of the person making the judgement – their needs, values and beliefs, social/cultural context and their perception of the service's purpose. Therefore, it would not have been surprising if differences had been found in the opinions of user-parents, providers, and the representatives of the society at large. However, in spite of their different perspectives, there was consensus across all three stakeholder groups that supporting and enhancing children's development is a primary purpose of family child care. There was also agreement across the three groups that in a quality family child care situation:
- the setting looks and functions like a home;
- the setting protects the children's physical and emotional health and well-being, and accommodates the children's varying needs;
- the provider is affectionate, supportive and respectful with the children;
- the provider is focused on the children and gives them personalized attention and care;
- the provider has a daily routine but also has the ability to be appropriately flexible in order to meet children's needs or to capitalize on unplanned learning opportunities;

- the provider organizes experiences that support and encourage children's development;
- the provider is skilled in using the home and local neighbourhood as learning opportunities;
- the relationship between the provider and the parents is characterized by open, honest communication and a feeling of a collaborative partnership; and
- the provider is knowledgeable about hygiene, nutrition and child development.

The vision of the providers who participated in the study also included a provider who knows her own limits and acts on this knowledge. Both providers and materials from training, credentialing and accreditation programs identified the importance of sound business practices for quality care. Having the administration and business aspects under control decreases provider stress and enables providers to spend more time on the children and the program and less on "putting out fires."

The Uniqueness of Family Child Care

The vision of quality in the family child care context noted above and discussions of quality in child care centres reported elsewhere stress the importance of many of the same variables. However, family child care is a unique service model, not simply a modified version of centre-based child care. It differs from centre-based care in several characteristics:

- it is provided in a family home;
- it involves the same adult providing care over the entire child care day rather than people working sequential shifts as is the norm in centres. When children remain in the same setting for several years they maintain the same provider in family child care; in centre-based care, the primary caregiver changes as the child moves from the infant/toddler group, to a preschool group, to a school-age program;
- the children in the group are usually of various ages unlike the separate infant or infant/toddler, preschool, and school-age groups in centres. A recent Canadian study involving several jurisdictions found that over a third of family child care providers had a group of children ranging in age from under 24 months to over age 6;[6]
- the parent comes into the provider's home and can talk with the same care provider every time the child is dropped off and picked up; the relationship between provider and parent usually lasts for years, and the parent often meets members of the provider's family. As a result, the relationship between parents and providers tends to be more personal, more intense, and of longer duration than that between parents and staff in a centre; and
- the provider works and lives in the same space, usually works independently, and during the child care day has multiple roles at the same time. Providers are business owners/operators who may have their own children present so that they are simultaneously filling the role of parent and of paid care provider for other people's children. They also provide support and information for the children's families.

These differences in characteristics mean two things:
- family-based child care is a different experience than centre-based care for the children, for their families and for the care providers; and
- a family child care home and a child care centre that both provide an equally high quality experience will usually look different and in some respects will act very differently.

The unique differences between family child care and centre-based care often are not reflected in government policies and regulations nor in quality assessment tools, many of which were developed for centres and have been modified only slightly, if at all, for family child care.

Providing Quality in the Context of the Unique Characteristics of Family Child Care

You should be like an extended family member to the children whom they can trust; your house should be like a second home where the children feel safe and comfortable; and you should offer a program of purposeful activities to meet their optimal growth. — British Columbia provider, cited in Doherty et al., 2000, p. 18.

While there are many similarities in the vision of quality in both family- and centre-based child care, there are also two clear differences:
- the way the setting looks and functions; and
- the importance of the caregiver being skilled in using a family home and a local neighbourhood as learning opportunities.

There are also differences related to quality that stem from the different characteristics of the two settings:
- the presence of a mixed-age group of children;
- the usually more intense and personal relationship between parent and provider; and
- the provider's work situation.

This section explores how the differences in the vision of quality and the characteristics of the situation play out in the provision of quality in the context of family child care.

The Setting Looks and Acts Like a Family Home

Children are blended into the home environment. The provider does not change the home environment into a mini child care centre. — Family Day Care Association of Manitoba, 1994, p. 25

Regardless of whether family child care is provided in a house or in an apartment, in the middle of a large city or in a remote rural area, its basic characteristic is that it operates in a home. Many parents who deliberately choose family child care choose it for this reason. One parent explained her choice of family child care: *"We wanted a home setting for the consistency for our children in terms of the physical setting."* Another parent stated that she had, *"looked for a mirror image of everyday life in a family."*

All three stakeholder groups viewed a desirable experience as including children using several rooms that are also used by the family rather than being restricted to a designated "child care space." They envisioned the kitchen being used for eating and messy activities such as art, the family T.V. or living room for other activities such as puzzles, dramatic play, music and singing, and family bedrooms for children who nap. The vision also included children having access to a fenced back yard with appropriate toys and climbing equipment or if this was not possible, easy access to a park that has safe equipment.

In many cases, the child has regular contact with the provider's own children and/or partner. Such opportunities are valued by parents who view them as contributing to the home-like atmosphere and adding to the quality of the child's experience. When asked what they particularly liked about their family child care situation parents responded with comments such as, *"It's a real family environment. Her boys get involved, her husband gets involved"* and *"My son is part of a family, my provider's own children are older but they regularly play with the child care kids."* Contacts with the provider's family can expand the children's learning when, for example, a husband involves the children in his activities around the house.

There was consensus that a quality family child care home is child-friendly, child-welcoming, and accommodates children's different needs. Each child has a specific personalized space for outdoor clothing and other personal belongings – a clothes hook and storage box or a cubbie. The home reflects the children receiving care through children's artwork posted at eye level on the fridge, pictures of the children's families on the bulletin board, and programming materials that reflect the children's family backgrounds. Children are empowered by things such as a step stool in the bathroom when there are small children so that they can use the toilet and basin independently, shelves with toys and other materials at child height so that children can reach them easily, and child-sized furniture or booster seats. A separate area is provided where children can go for quiet time alone or to use materials without interference from younger children. This may involve dividing off a corner of the main play area or using another room. Finally, as one provider noted, *"Learning opportunities are woven into ordinary family activities, not just through formal programming."*

Home and Neighbourhood as Learning Opportunities

As they are able, children are included in daily routines such as helping to prepare food, simple chores such as setting the table, and family interests such as gardening. The provider enhances learning during daily home experiences by explaining processes and sequences ... answering questions and talking about what the children are experiencing. — Family Child Care Quality Criteria Project, 1995, p. 14.

The fact that child care is provided in a family home that is usually situated in a neighbourhood provides a wide variety of learning opportunities for the children. All three stakeholder groups shared a vision of quality in which the provider supports children's development through a combination of:

- planned activities such as arts and crafts or story time;
- encouraging and enabling child-initiated activities such as dramatic play or model building;
- involving children in daily family chores such as meal preparation; and
- purposeful use of community resources.

In this vision, the home has a variety of items that support gross motor development such as a climber, balls and skipping ropes. It also has manipulative toys and puzzles, construction toys and materials, arts and crafts equipment and supplies, pretend-play props, board and other games, books and story telling equipment such as puppets, musical instruments and tapes or compact disks, and so on. Sorting laundry coming out of the dryer is used as an opportunity to discuss colours, shapes and textures and to match like items; preparing a meal becomes a time for preschoolers to measure and mix things, and note how they change; and working in the garden provides ladybugs and other interesting things to discuss as well as lessons in how things grow. The provider enhances learning during daily home activities by explaining processes and sequences, asking and answering questions, and talking with children about what they are experiencing. She is also flexible and willing to vary her routine or planned activity to take advantage of a child's interest at that moment or the learning opportunity that occurs when, for example, workmen come to fix the pot hole in the road.

Both providers and parents described ways in which the local neighbourhood can be purposefully used to expand children's experiences and their understanding of the world around them. One parent noted that when her provider goes to the store to pick up a missing item, "*they probably take an hour to get through the produce section, everything gets talked about, touched, smelled – it's an exploration of the world. How great that is, how lucky are our kids!*" Providers spoke of using a walk to encourage children to observe birds and other animals and talk about them, or to play games such as counting the houses with a door of a certain colour. Other neighbourhood activities mentioned included: taking children to the local library's story hour or to a play group; explaining how letters get from one person to another during a visit to a post office; and a tour of a bank so that children could learn about the various services it offers. One provider shared that she takes her children on weekly visits to a local retirement home so that children who don't have a grandparent living nearby can develop a relationship with a proxy grandparent and all the children can gain a better understanding of older people. Another regularly takes the children on buses since many parents only use cars and she wants the children to have some understanding of and confidence in using public transportation.

Presence of a Mixed-Age Group as a Learning Opportunity

Parents value the mixture of ages in family child care. One parent noted: *"I like the mixture of ages, its good for kids to learn how to get along with older and with younger kids and the provider has taught them that."* The mixed-age group permits siblings to be cared for within the same group by the same person – which parents like – and provides an opportunity for all children to experience something similar to having an older or younger sibling.

The vision of a quality program discussed by the three stakeholder groups includes a provider who deliberately capitalizes on the presence of the mixed-age group as a learning opportunity. She guides and assists children to understand that those who are younger are less skilled and models respectful words and actions with them. Younger children are encouraged to watch and to mimic older children as a way of expanding their skills. Responsibility is encouraged by having younger children help prepare the snack for the older children returning from school and by older children being asked to read a story to a younger child or help the child to get ready to go outside.

The presence of a mixed-age group presents challenges as well as learning opportunities and both need to be addressed in order to provide a quality program. Training programs suggest various approaches for addressing these challenges. In addition to the common areas used by all children, the provider can create specific areas for separate ages through low shelves or baby gates. This enables small children to play safely on the floor and older children to work on hobbies or read without being interrupted by toddlers. By providing various types of paints, brushes, crayons and paper the provider can engage the whole group of children in art activities at the same time but in different and developmentally-appropriate ways and provide younger children with an opportunity to learn through observation. While older children are assisting in getting snack ready, a toddler can be entertained through being given a manipulative toy to play with.

Supportive and Professional Relationship Between Provider and Parent

[Provider] *is our pivotal support. As new parents we were looking for someone with mothering experience who could provide sound, practical advice and support in this new role of parenting.*
— Ontario parent

Previous researchers[7] have reported that the relationships between family child care providers and parents tend to be longer-lasting, more personal and more intense than those in centre-based care. This is not surprising. The parent comes into the provider's home and sees her on a daily basis at both drop-off and pick-up. Children are often enrolled in family child care as infants or toddlers and remain with the same provider for several years. Over this period of time, the parent and other members of the child's family meet members of the provider's family and the two families may establish a social relationship.

What does this intensity of personal relationship between provider and parent mean for quality? Providing care for a child over many years may result in a provider almost feeling like a second mother. However, she is not the child's parent. As one provider noted, *"she has stewardship of the parent's child."* Thus, the provider must ensure that she affirms parental values and decisions with the child and remains conscious of the limits on her authority to make decisions concerning the child. All three key informant groups had a vision of family child care quality that was built on a collaborative partnership between provider and parent and open, honest communication.

This collaboration begins at the start of the relationship through the provider making a real effort to understand and respect the parents' hopes for their child and their child-rearing approach and discussing with the parent her own child-rearing philosophy, the policies and practices of her program, and the services that will be provided. In a quality program, the existence of written policies and practices developed by a provider who has thought through her own child-rearing philosophy and her approach to the providing child care helps clarify both parties' expectations. Open communication is also facilitated by a formal written contract between parent and provider, reviewed regularly, that confirms the services agreed to, the home's policies, and administrative matters such as fee schedules. Both parents and providers shared the vision of regular discussions with the parents not only about the child's daily experiences but around emerging developmental stages, changing child and/or family child care needs, and establishment of goals for the child.

The relationship between provider and parent may become almost or actually a friendship. As a result, the provider may find herself being asked for advice on personal matters or feeling pressured to provide extended hours to the extent that it interferes with the time and energy she has for her program, herself and her own family. To preserve her ability to provide quality care, the provider must set limits on her responsibility to parents and take the time to meet her own personal needs. The vision of a quality family child care program includes a provider who is able to set boundaries between the caring aspect of her work with children and their families, and the need to behave in ways that enable her to remain within the appropriate boundaries of child care provision and protect her from being over-extended or burned-out. One such way is to develop and enforce policies around issues such as hours of service and late pick-ups. Another way is to become aware of community resources and thus be able to be supportive by providing the name of an appropriate community service rather than being drawn into attempting to offer advice on personal or health matters.

Provider Successfully Addresses the Challenges of Her Work Situation

Providers work and live in the same space, usually work independently and, during the child care day, have to manage multiple roles at the same time. The extent to which the provider successfully addresses challenges resulting from these work conditions influences the extent to which she can provide quality child care.

Living and Working in the Same Space

Setting boundaries around the job is one of the major challenges faced by all people who work at home, regardless of their occupation. Unlike people working in an office or a child care centre, people working at home do not have the physical transition between two settings or the mental transition that can occur when travelling to and from work. Therefore, they must set and adhere to limits for the home occupation in order to allow for the change of activities and rejuvenation that is essential to maintain enthusiasm and do high quality work. As noted by one key informant provider, *"providing quality care is a balancing dance – you need to learn how to balance the needs of different kids and their families, your own family, and yourself."* In a quality family child care setting, the provider has learned to say "no" to demands for very extended hours in order to safeguard some time off each day and reduce the likelihood of burn-out. She also schedules specific times each week for herself so that she can engage in a favourite hobby, attend exercise classes or simply relax.

Few occupations result in other household members being as involved as is the case with family child care. The provider's own children are often in daily contact with the child care children and are expected to share not only their possessions but also their mother. Thus, the child care business intrudes on their life in a very real and profound way. Other adults living in the home also are directly affected by the demands and presence of the child care children and their families. As a result, in family child care boundaries must be set to protect the privacy of family members and allow their needs to be met.

Training programs stress the importance of exploring with partner and children how the child care business will affect their lives before beginning to offer child care. It is equally important to explore family member's feelings on a regular basis thereafter since their personal situation and/or feelings may have changed. The presence of family members who are not supportive of the provider's work is a recipe for high levels of provider stress, which may have a negative impact on her interactions with children. A provider who is sensitive to her family's needs for private space, time and belongings will adopt strategies to protect these needs. For example, she will include family members in making decisions about where and when the child care program will operate, or declare a teenager's bedroom as "off-limits" for the child care children.

Family child care providers in other surveys have also identified the importance of setting boundaries between the child care business and other aspects of the provider's life.[8]

Working in Isolation

Most family child care providers work alone.[9] While family members may be sympathetic, often they do not understand the issue or problem a provider is struggling with or the feeling of uncertainty that may arise when faced with a new situation. Provider key informants emphasized the value of regular contact with another provider with whom one can discuss concerns and exchange ideas both as a way to reduce stress and as a potential way to improve quality. Not surprisingly, their vision of quality includes a provider who seeks out and uses opportunities to network with other providers. This vision is supported by a recent multi-jurisdictional Canadian study. It found that providers who network with other providers on a regular basis through an organized association obtained higher scores on a measure of the extent to which their interactions with children are warm and supportive and the extent to which their setting and program protects children's health and safety and provides experiences that encourage their development.[10]

Multiple Roles of the Family Child Care Provider

During the course of the child care day, providers are business owners/operators who may have their own child present so are simultaneously in the role of mother and provider of paid care to other people's children. They also provide support and information to the children's families. Providers must constantly juggle these various roles and responsibilities, and address role conflicts such as those that arise when their own children are present while they are providing child care.

Managing her business effectively increases the provider's ability to provide quality care by reducing sources of stress, increasing the time available for program planning and preparation, and assisting in clear communication with parents. In a well-managed family child care business, the provider maintains financial records and files all relevant documents such as fee receipts and invoices for business-related expenses in a way that enables easy retrieval. She also has written policies, a written contract with each family, written consent forms for things such as administration of medication, and the children's files contain crucial information such as the names and phone numbers of emergency contacts, information about medical conditions such as allergies, and updates on the child's progress. As discussed earlier, the provider has learned how to set limits on her responsibilities for parents and to preserve time for herself and her own family. In situations where her own child is part of the group receiving care, the provider is sensitive to the possibility of the child resenting having to share mother, home, and belongings and/or the child care children feeling that her own child gets special treatment from her. She monitors her own behaviour to ensure that her child(ren) and the child care children are all are treated with the same level of respect, consideration and caring. To the extent that it is developmentally-appropriate, the provider also discusses her child's feelings with the child.

Enablers of Quality Family Child Care Provision

A large, multi-jurisdictional Canadian study[11] identified several factors that predict or are associated with a family child care home that supports and enhances children's well-being and development. These are:

- a provider who networks on a regular basis with other providers through an organized association;
- a provider who has completed a family child care-specific course;
- a provider who participates in professional development opportunities such as courses, workshops and child care conferences;
- a provider whose gross annual income from her child care program is at the higher end of the range; and
- a provider who charges fees at the higher end of the range, receives financial compensation for days when children are absent and/or for overtime, and has paid vacation time.

The factors noted above indicate the value of ensuring that provider support services such as provider networks, child care resource programs, and family child care agencies have adequate levels of funding to enable them to develop and maintain supports such as affordable family child care training and professional development opportunities. Providing quality care and education for a group of unrelated children requires specific skills and knowledge, such as knowledge of child development and the skill to translate this knowledge into practice. Family child care-specific training supports the acquisition of such knowledge and skills. It also provides information on good business practices and strategies for addressing challenges such as living and working in the same space, and filling multiple roles simultaneously.

Remuneration levels and working conditions are also important correlates of family child care quality, just as they are for centre-based care.[12] Higher wages and better working conditions in centre care have been found to be associated with higher levels of job satisfaction, with more supportive interactions with children, and with providing more experiences that enhance children's development.[13] The higher quality found in family child care homes where the provider has a higher income and better benefits may also be associated with a feeling of being valued and thus having greater job satisfaction.[14] A Canadian survey conducted in 1999 calculated that the average family child care provider has a pre-tax annual income of $15,000. The researchers recommended that, "Starting immediately, all jurisdictions must implement an income-enhancement grant for regulated providers ... and annual operating grants."[15]

The Canadian study cited at the beginning of this section did not find the association between a smaller number of children per provider and higher quality that has been reported by American researchers.[16] This should not be taken to negate the importance of limiting the number of children per provider. The difference in the Canadian and American findings may reflect the limited variation in ratio in the Canadian study in comparison to the sometimes quite significant ratio variations reported in the American research. A limit on the number of children per provider, taking into account the children's developmental levels, is essential to providing the responsive, individualized care that protects children's emotional and physical well-being and promotes their development. Such limitation also contributes to the emotional well-being of the provider and her family, and increases the likelihood that the individual will continue to provide family child care.

Notes

1. The information from user-parents was collected through three focus groups, one in each of Newfoundland, Nova Scotia and Ontario, for a total of 20 people, and 23 individual telephone interviews with parents in British Columbia, Manitoba, Québec, and Saskatchewan.
2. The information from providers was obtained through 12 focus groups held in different parts of Canada with a combined total of over 60 participants, two individual telephone interviews, three articles discussing aspects of quality written by providers (Edwards, 1998; Kernested, 1997; McConnell, 1996), and the views of 30 providers who took part in a previous study conducted in Ontario (Kyle, 1999).
3. Canadian jurisdictions regulate family child care in one of two ways – either through an individual license granted to each provider or through a contract between the provincial or territorial government and a family child care agency that is explicitly or implicitly responsible for monitoring the quality of care in the homes affiliated with it. Opinions were obtained through a focus group with 28 family child care coordinators in Québec, individual telephone interviews with a licensing official in each of British Columbia, Manitoba and Saskatchewan, and individual interviews with a family child care agency home visitor in each of Alberta and Nova Scotia and three home visitors in Ontario.
4. The term credentialing refers to a process that evaluates the extent to which an individual has the appropriate knowledge and skills to undertake a specific occupation. This process is based on a written description of the required knowledge and skills produced by the authority undertaking the credentialing.
5. Accreditation is a process by which a body recognized and accepted by the service community establishes standards for services that are above the mandatory requirements of government. Programs such as an individual family child care home apply on a voluntary basis for evaluation against these standards, and if found to meet or surpass them, are granted a certificate that recognizes this fact.
6. Doherty et al., 2000, p. 53
7. Hughes, 1985; Nelson, 1991; Pence and Goelman, 1987b
8. Bollin, 1993; Kyle, 1999
9. Only three jurisdictions, Manitoba, Québec, and the Yukon, have provisions for regulated family child care providers to work with a co-provider or assistant. However, many providers in these three jurisdictions work alone.
10. Doherty et al., 2000, Table 7.7
11. Doherty et al., 2000
12. See, for example, Goelman et al., 2000. Many other studies have also documented the importance of wage level and working conditions for quality centre-based programs.
13. Doherty, 1999, Chapter 2
14. Doherty et al., 2000, p. 112
15. Ibid., Summary of Recommendations
16. Howes, 1983; Howes and Norris, 1997; NICHD Early Childhood Research Network, 1996; Stith and Davis, 1984

Appendix A

The sources of parental perceptions of quality in family child care

Individual interviews

- 18 user-parents from Manitoba and Ontario.
- interviews with five other key informants, one from each of Alberta, British Columbia, Manitoba, Québec and Saskatchewan who happened to have used family child care for their children.
- All the people interviewed were asked what they had been looking for when they first sought child care.
- All current user-parents were asked what they particularly liked about their current situation and whether they expected to continue with the current arrangement.
- User-parents who had experienced multiple family child care settings were asked one of the two following questions depending on the situation:
  - Thinking of both situations that you were satisfied with, what made them good situations?
  - What did you not like about the home(s) that you didn't like?

Focus groups

The transcripts from tapes of three focus groups (for a total of 20 parents) conducted in each of Ontario, Newfoundland and Nova Scotia during the first phase of the Family Child Care Training Project were reviewed. The three questions asked parents in all three groups were:

1. What do you think children need from their caregiver?
2. What do you need from your caregiver?
3. What skills/qualities did you look for in the caregiver when seeking care?

Appendix B

Questions used with providers

Focus groups

Three focus groups were conducted as part of this phase of the Family Child Care Training Project, one in each of Winnipeg, Ottawa and Hull for a total of 20 providers. All three groups were asked, "What is quality family child care?" Different combinations of the following questions were also used in the groups.

1. What would you want if you were a parent?
2. If you went into another family child care home, what would signal quality to you?
3. What are the absolute basics for quality family child care?
4. What enables a provider to give good quality care? What does the provider need to do? What can others do to assist the provider to give good care?
5. How do you know when you are providing good quality care? What is going on?

The transcripts of tapes from nine focus groups conducted in each of Alberta (two groups), Manitoba, New Brunswick (two groups), Québec (two groups), the Yukon, and Saskatchewan as part of the first phase of the Family Child Care Training Project. These involved a total of over 34 providers (four transcripts did not identify the number of participants). The two questions asked in these focus groups were:

1. What do children need from their child care provider?
2. What do families need from their child care provider?

Individual telephone interviews

Two individual interviews were conducted with family child care providers in Ontario. The questions asked in the interviews were:

1. What is quality in family child care?
2. If you went into another family child care home, what would signal quality to you?
3. What do parents need from the provider?
4. What does a provider need to assist her to provide quality child care?

Appendix C

Questions used with people responsible for regulation

Individual telephone interviews

Interviews were conducted with a licensing official in each of British Columbia, Manitoba and Saskatchewan, one family child care agency home visitor in each of Alberta and Nova Scotia, and three family child care home visitors in Ontario. The following questions were used in all interviews:

1. What would you want from family child care for your child if you were a parent?
2. What do you think parents in general want from family child care?
3. As a home visitor/licensing official visiting a family child care home, what about the physical setting and the interactions would lead you to conclude that this is a situation providing quality care?
4. As a home visitor/licensing official visiting a family child care home, what would make you concerned?
5. What are the absolute basic requirements for good quality family child care?
6. What does the provider need to provide good quality care?

Focus group with the 28 CPE coordinators of family child care

The two facilitators probed the views of the coordinators through splitting them into small groups and asking each group to complete the following sentences:

1. My child care is good because... a) from the perspective of a child, b) from the perspective of a parent, and c) from the perspective of a provider.
2. My CPE offers quality family child care because... a) from the perspective of a provider, and b) from the perspective of a coordinator.

Then the small groups met in a plenary session to discuss individual responses and to summarize the vision of quality family child care indicated by them.

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Quality Through Trust

Case Studies of Outreach to Unregulated Family Child Care Providers Across Canada

by Andrew Taylor, Lee Dunster and Jocelyne Tougas

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Introduction

In family-based child care, children are cared for in small groups in the homes of family child care providers. The majority of family child care providers in Canada are not regulated in any formal way. They work as independent businesses, and can operate legally as long as they meet basic provincial standards concerning things like the maximum number of children and the safety of the home.

There is a great deal of consensus in the field that unregulated or independent family child care is an option that families want to be able to access. There is also consensus that training and networking help to support and improve the quality of care provided that independent family child care providers are able to provide. However, reaching out to independent family child care providers with these kinds of supports can be a challenge. Some unregulated child care providers have little contact with formal social service systems. The income from this work is low, the hours are long and, in many cases, efforts to improve quality of care do not lead to any direct improvements in these working conditions.

This report is part of an ongoing national research project on training in family child care. Its purpose is to tell the stories of organizations across Canada that have found innovative ways to connect with unregulated family child care providers.

Family child care is the most common form of remunerated child care used by families in Canada. According to data collected by the National Longitudinal Survey of Child and Youth (NLSCY), 56.2% of children under age 6, and 51.1% of those age 6 to 11, who were receiving out-of-home, non-relative care on a regular basis in 1996/97, received this care in a family child care home. This translates into approximately 390,200 children under age 6 in this type of care, and an additional 246,400 children aged 6 to 11.[1]

This report summarizes eight case studies conducted with organizations that are attempting to make contact with unregulated family child care providers and offer them support. It includes short summaries of the work of organizations from across Canada, and identifies key themes and insights about what these examples have in common, as well as how they differ. Implications for practice are identified.

The Importance of Training in Family Child Care

Training has consistently been identified as a key indicator of quality in family child care provision. Findings of Pence and Goelman (1991) as well as several studies in the United States[2] and the recently released *You Bet I Care!* study[3] all support the importance of family child care-specific training as a key variable that appears to have a consistent and pervasive effect on family child care quality.

Two large-scale U.S. studies found that training is associated with higher rates of helping children, of dramatic play and of language stimulation,[4] and of more frequent positive provider behaviours such as positive physical contact and responsiveness.[5] Other smaller U.S. studies have reported that training is associated with higher rates of responsiveness and sensitivity,[6] and more time spent directly relating to and playing with children.[7] Fischer and Eheart found that training in child care (a composite measure that combined formal early childhood care and education materials and family child care-specific training) accounted for over half of the variance in Family Day Care Rating Scale (FDCRS) scores.[8]

The extent to which providers participate in ongoing professional development is also a factor that contributes to care quality, and reflects providers' commitment to and interest in their career. Susan Kontos' "review of the literature" concluded that provider satisfaction is a consistent outcome of provider training.[9] Modigliani has suggested that participation in training, including ongoing professional development workshops, serves the additional purpose of helping providers network, thereby enhancing their opportunities for mutual support and reinforcing their interest in further training.[10]

For these reasons, the development of resources and strategies for training of family child care providers has been the primary focus of the Family Child Care Training Project. In Phase One of this project (1996-1998), we brought together what we know about family child care provider training, we identified gaps in training resources and training programs, we explored barriers to participation in and delivery of training, and we examined innovative strategies to overcome barriers and promising methods of delivery. We also determined core content and guiding principles for family child care provider training. Phase Two, which concluded in March 2000, involved the development, pilot testing, production and dissemination of an entry-level (Level One) family child care training program for family child care providers.

Interdependent Training, Networking and Outreach

In phase one of this project, we concluded that the task of developing quality training was inextricably linked to other key challenges in the field. We learned that training could not attract the attention of family child care providers and succeed unless it incorporated opportunities for family child care providers to learn from one another. We also learned that most current Canadian training programs reach only regulated family child care providers. Our new training resources could not reach the vast majority of unregulated family child care providers unless they were linked to some kind of effective outreach strategy. In the absence of large-scale national or provincial/territorial investment in family child care provider training, we also learned that the only way to make training programs viable is to link them to grassroots, volunteer-driven and family child care provider-run networking and mutual support movements.[11]

In a recent national study, networking through an organized network was identified as a key predictor of quality in family child care.[12] Recently, Doherty has developed a framework for understanding quality in family child care.[13] Doherty concluded that this form of child care is distinct in several important ways from centre-based care, and that quality care in a home-based setting will typically look different from high quality centre-based care. Doherty also reviewed "enabling factors" – factors that support family child care providers to offer high quality care. Included in this list were introductory training and ongoing professional development. Also included was networking with other family child care providers through membership in an organized association.

During the first phase of this study, when we asked family child care providers what an ideal training program would look like, they almost always told us that it should include ample opportunities for networking. Since most family child care providers work alone in their homes, a sense of connectedness is something they value very much. Since their work involves confronting an ever-growing range of behavioural, developmental, cultural and family issues, family child care providers need opportunities to trade strategies with others who have faced similar challenges. Family child care providers also told us that connecting with other family child care providers, and with family child care provider associations, helped them to feel as if their work was important, valued and worthwhile.

Understanding the Context

In 1998, the Canadian Child Care Federation found that 70% of unregulated home child care providers had some contact with other family child care providers and that 46% had contact at least once a week.[14] However, only 11% belonged to a child care group or association.

Across the country, there are few provinces and territories that have committed resources or created universal programs designed to reach out to unregulated family child care providers. The Child Care Resource and Referral system in British Columbia does have outreach and training as explicit goals, and it does exist throughout the province.[15] Many previously unregulated family child care providers in Quebec have become connected to Centres de la petite enfance (CPEs) as a result of a vast expansion of the regulated child care system in Quebec. Newfoundland & Labrador is also in the process of creating a province-wide system of supports and regulations for family child care providers. Although family resource centres in Ontario do have this kind of outreach as part of their mandate, it is not well-resourced or guided by a consistent approach or program structure.

However, we also know that there are many pockets of innovation across the country. Despite the lack of large-scale government investment in either training or outreach to the unregulated sector, many communities have found ways to build connections with and among unregulated family child care providers. These individual examples illustrate what is possible, and are as diverse as the field and the country itself.

Purpose of This Project

In the third phase of the National Family Day Care Training Project, several interrelated components were undertaken. They were all intended to enhance the quality of early childhood development learning and care received in family child care settings and to facilitate capacity-building within the family child care sector. The specific objectives of this phase of our work included the development and pilot-testing of intermediate and advanced level training modules for family child care providers, the creation of resources for trainers, and the development of a discussion paper and reader's workbook on quality practice in the context of family child care.

This report focuses on another project objective – the completion of a case studies report that explores organizations that have successfully connected with the unregulated sector.

Our hope is that readers come to understand how these organizations succeed and how similar efforts might be replicated in other communities.

We know training programs are a key predictor of quality, and that networking among family child care providers is a powerful form of training in itself as well as a necessary precursor to more structured training programs. We also know that training programs and networking efforts do not yet reach a large percentage of the unregulated majority of Canadian family child care providers. By completing a series of case studies examining promising practices in outreach to the unregulated sector, it was our intention to lay the ground-work for future community development activities, and to provide guidance to organizations interested in using the training program to reach out to unregulated family child care providers.

Methodology

The eight case study locations were selected by the Steering Committee of the Family Daycare Training Project. They were chosen to be geographically diverse, to include a range of organization types, and to illustrate innovative or successful strategies for outreach to independent or unregulated family child care providers. The eight case studies covered five provinces. Two case studies served Francophone populations, and two served largely rural or northern communities.

Each community was visited by one or two members of the research team between January and September of 2002. Visits typically lasted two to three days, and included group or individual interviews with participating family child care providers, staff, board members, partner organizations and government contacts. Visits also included opportunities to observe programs in action. Typically, site visits were followed up with additional telephone interviews, and review of background material provided by the program. In each case, a local staff member or volunteer family child care provider agreed to help organize the visit and make contact with the person being interviewed.

Interviews and observations were guided by a semi-structured interview guide. The key issues covered in the interviews were:
- Who do these organizations reach?
- What support do they offer?
- How are they sustained over time?
- What have they learned?

Most interviews were audio-recorded. Between 15 and 40 individuals participated in interviews at each location.

Agency-Based Case Studies

Our summaries of these eight locations are divided into two clusters. The first cluster of four are "agency-based." Two of these four were based in social service agencies, and were created and funded under a specific provincial mandate to provide support to family child care providers. These were the Vancouver Child Care Resource and Referral program, and the Centre de la petite enfance Parc-en-ciel. Two more were provincially funded pilot projects that brought together existing local programs and organizations in order to create a new type of outreach strategy. These were the CUPW Family Resource Centre in Newfoundland & Labrador and The Family Place in British Columbia. All four of these case studies were provincially funded and focused on outreach to unregulated family child care providers by paid staff members.

The Vancouver Child Care Resource and Referral program (CCR&R)

The Vancouver CCR&R, housed at West Coast Child Care, focused primarily on outreach to unlicensed family child care providers. Through a network of family child care provider outreach coordinators based in Neighbourhood Houses and Family Places, the program offered training, individual support, referrals and other key services to family child care providers. The CCR&R was overseen by a consortium that also included the local college and seven neighbourhood organizations that host Family child care provider Outreach Coordinators.

The intent of this model was to reach unregulated, or (as they are called in B.C.) "license not required," family child care providers where they were already accessing services and had established some degree of trust. It also provided an avenue for encouraging family child care providers to take advantage of other services available at Neighbourhood Houses and Family Places. The purpose of the program was to enable license not required family child care providers to provide quality care. License-not-required family child care providers in BC have the option of operating without CCR&R's, being formally "registered" with the CCR&R (which allows a family child care provider to access supports), and/or becoming directly licensed by the local health board. All licensed family child care providers who were also registered with the CCR&R could access the Provincial Infant/Toddler Grant for providing care to children under the age of three. The CCR&R did not "pressure" family child care providers into becoming registered or licensed, but instead saw its role as assisting individual family child care providers to choose an arrangement that best met their needs while ensuring quality.

History

The program began in 1990 with two neighbourhood sites that were identified as high in need by the Mayor's Task Force. In 1994, four new sites were added and in 2001, the government decided to extend the project to cover the entire city.

Services or Activities

- *Workshops and training*: The centerpiece of this program was the introductory course for family child care providers. The course took either 7 Saturdays or 14 week-nights to complete. Family child care providers enjoyed the opportunity to network, and particular "classes" often stayed in touch with one another after graduating. Family child care providers registered with the CCR&R paid $75 for the introductory course. Subsidies were available for family child care providers on income assistance. The course was offered in 6 languages. Many other workshops were available for ongoing professional development. Once registered, family child care providers chose at least two workshops per year. Many choices were available.
- *Information sessions* were offered for both parents and people interested in becoming family child care providers.
- *Registration*: The CCR&R offered registration, which is distinct from licensing in BC. Registration allows family child care providers access to referrals (which are also available to non-registered, licensed family child care providers) and support from the CCR&R in the form of newsletters, home visits, telephone consultation, library access, etc. The criteria for registration are similar to but distinct from those for licensing. Getting registered requires at least one home visit from the CCR&R Outreach Coordinator (often a series of visits), a current first aid certificate, a home safety audit, the purchase of appropriate insurance (which is available at a good price through the CCR&R), and completion of the basic course described above. Family child care providers we spoke with who had been though the registration process found it very helpful. Some reported that they had been anxious about the idea beforehand. One family child care provider remembered feeling that "they ask a lot of you, all the papers, all the meetings."
- *Ongoing support and consultation with staff*: Outreach coordinators had regular contact with family child care providers (including registered and non-registered family child care providers), for things like workshop information, problem solving, consultation on child development or management issues. The Outreach Coordinators role also included making contact with license-not-required family child care providers, providing telephone support, acting as a mediator with parents, writing reference letters for family child care providers, dropping off and picking up materials from West Coast's extensive lending library and toy library, and running social events for family child care providers.
- *Home visits*: The Coordinator was required to visit each registered family child care provider's home at least two times per year.
- *Referrals*: In Vancouver, referrals were the responsibility of Westcoast Information Daycare (ID). This organization provided referrals to all Licensed and registered license-not-required family child care providers on ID's database. ID did not "match" or take a fee. Family child care providers simply let the Outreach Coordinators know when they had a spot available, and parents were able to access the list of spaces.

- *Newsletter*: A bulletin for family child care providers was produced every three months, and family child care providers saw this as very important.

Outreach

There were about 130 individually licensed family family child care providers in Vancouver, and 125 of these family child care providers were also registered with CCR&R. The CCR&R program had a list of about 100 registered license-not-required family child care providers, and 120 additional "members" (family child care providers who are in the process of becoming registered). Most family child care provider outreach coordinators had regular contact with about 50 family child care providers – about 15 license-not-required family child care providers, 15 licensed and 15 in the process of registration.[16] Typically, they were also in contact with other family child care providers (or potential family child care providers) who were not yet members. One staff member described the process this way:

"Often, other staff members here bring a person to me because she has expressed an interest in home child care. Sometimes, people come because they are in distress and they know I do home visits. Some are operating illegally and are worried. All this has taught me the importance of working slowly with some people."

According to staff, Vancouver license-not-required family child care providers tended to be those who rent housing or live in apartments, and don't have the space to get licensed. Some rental accommodations had illegal suites and could not get licensed as per the Vancouver building code. License-not-required family child care providers may also have been those who were not interested in caring for a large number of children.

Centre de la petite enfance (CPE) Parc-en-ciel

History

The CPE Parc-en-ciel, is located in Black Lake, Quebec, a medium size town in a mining and rural community. It opened its doors as a child care centre in 1987. Regulated family child care was delivered in the area through a family child care agency. Both organisations worked independently at the time. Because Parc-en-ciel already delivered centre-based care – it had two licensed centre-based programs by this time – with the introduction of the child care reform in Quebec in 1997, it was required to develop a family child care component, which it did in 1998.

Activities or Services

The CPE Parc-en-ciel oversaw 14 family child care providers for 100 spaces. Supports available to family child care providers included:

- Collection of child care fees
- Toy lending library
- Training
- Facilitation of activities for the children in the family child care provider's home
- Mailings
- Special activities and field trips
- Monthly meetings on different topics
- A regular printed bulletin

Some of these activities were part of the basic supports the CPE was required to offer family child care providers as part of its official mandate. Some others are part of what is called Service plus, which providers could choose to access by paying a fee. Involved family child care providers participated to varying degrees. For instance, about 2/3 of providers attend optional training workshops.

Membership and Outreach

Outreach to unregulated family child care providers is a less pressing issue in Quebec than other parts of the country. Although unregulated family child care providers do exist, they are much fewer in number because parents can only receive $5-a-day care through regulated groups such as Parc-en-ciel. The introduction of the $5-a-day program has greatly reduced informal caregiving as most families want and need to benefit from the subsidised system.

Given this context, the CPE did not reach out to unregulated family child care providers per se. In fact 25% of the FDC providers now working with Parc-en-ciel have an ECCE certificate or diploma. The others have the required training (45 hours (regulation)) for FDC providers. About half its providers were active as family child care providers in the informal sector before joining the CPE. They became regulated because their clients wanted to have access to the $5-a-day program. The other half were either providers affiliated with other family child care agencies in the area and who felt they would benefit more from the services offered by Parc-en-ciel, or centre-based teachers who wanted to work as home-based providers. The CPE looked for family child care providers who support a family-centred approach and who demonstrated very strong caring attitudes towards children.

The CUPW Family Resource Centre

The Canadian Union of Postal Workers (CUPW) Family Resource Centre in St. John's, Newfoundland ran a drop-in playgroup and offered workshops that were open to family child care providers as well as parents. They also ran a program for family child care providers, which involved providing home visits, referrals, resources and other support to a group of family child care providers who had gone through a process to become registered with the program.

History

The CUPW Resource Centre was started in 1996 after a study which identified a need for flexible child care for CUPW workers. Once the resource centre began, they worked very closely with the Family Child Care Association of Newfoundland and Labrador (described in the next section). The association ran a drop-in program at the resource centre. The resource centre tried to help family child care providers by developing safety lists and resources. From the beginning, the primary focus of the resource centre was outreach to unregulated family child care providers.

Over time, the partnership between the resource centre and the Association became much less active. This was partly due to diverging views on how best to respond to the new system of policies and regulations being developed by the province. As a result, some of the services for unregulated family child care providers that had been offered at the Resource Centre (such as a family child care provider-focused drop in) stopped. Some family child care providers who were members of the Association lost contact with the CUPW Resource Centre.

In 2000, the resource centre was selected by the province to pilot a new agency-based model of regulation that was based (in part) on the kind of work the resource centre had already been doing. Under this new model, paid home visitors recruited and supported family child care providers through a registration process that led to regulation through a formal affiliation with the agency. At the time of our visit, key staff felt that this new model was still in the development phase and continuing to evolve. They looked forward to the opportunity to extend their outreach efforts in the future. As one staff member put it "I would like for all unregulated family child care providers to know they can come here anyway [even if they are not part of the agency program]."

Services or Activities of the Family Child Care Agency at the CUPW Resource Centre

- *Application for affiliation*: Formal agency affiliation gave family child care providers access to a wide range of supports and opportunities. Family child care providers who were interested in affiliation were sent an application package and checklists. A home visit from the home visitor was arranged, and the family child care provider went through a formal review and acceptance process.
- *Home visits*: Affiliated family child care providers were visited at least once a month. They could also call the agency with questions. Home visitors were both former family child care providers, as stipulated in provincial policy.
- *Toy and equipment library*: Affiliated family child care providers could borrow toys or equipment from the centre. New family child care providers could also borrow set-up equipment until established.

- *Workshops*: Workshops were offered for parents seeking care as well as family child care providers. Affiliated family child care providers provided ideas for workshops.
- *Networking*: Staff and associated family child care providers reported that there was a great deal of networking among associated child care providers. Groups that had been through training together tended to stay in touch. Family child care providers themselves initiated social events.
- *Referrals*: Parents called the agency and they received all names that matched their criteria. The agency did not provide recommendations nor did it get involved with financial dealings or decisions. These negotiations were between the family child care providers and the family.

Other Services offered at CUPW

All other programs offered at the resource centre, including drop-ins, parent training events, and library resources, were available to anyone in the community including unregulated family child care providers.

Membership/Networking

The resource agency had about 20 family child care providers who had chosen to become affiliated, and about 5 more who were interested. Staff estimated that about 20% of the information packages they sent out led to applications for affiliation. Resource Centre staff admitted that they did not do active outreach to family child care providers. Rather, family child care providers came to them interested in becoming affiliated. Most of these family child care providers already provided care, including a few in the process of leaving jobs in centre-based care.

The Family Place, Terrace, British Columbia

The Family Place is a One Stop Access for child care and parenting resources in a small city in northern B.C. The Family Place houses the local office of the provincial child care subsidy program, and the local Child Care Resource and Referral program. As a result, unregulated family child care providers have many reasons to make contact with the Centre, and staff from the various programs are able to work collaboratively with the same family child care provider.

History

The Family Place model developed over time. In 1995, the sponsoring organization (Terrace Women's Resource Centre Society) was approached by the Ministry of Women's Equality about piloting a new provincial initiative called "One Stop Access for Child Care" (OSA). The Society was already contracted to deliver the local Child Care Resource and Referral program. As planning for the One Stop Access Centre progressed, other ministries (Social Services and Health) were approached and agreed that a local child care subsidy worked and licensing officer (provincial employees) would also co-locate. In response to a needs assessment and community child care plan, the TWRC Society felt strongly that the One Stop Access Centre should also include a family resource component and they were able to negotiate its inclusion. The three components were eventually known collectively as "The Family Place."

Services and Supports

The three components of The Family Place were highly interconnected, and each played an active role in outreach to unregulated family child care providers. The primary responsibilities of the staff of One Stop Access are to coordinate the services of the subsidy and child care resource and referral programs, and to deliver the family resource component. This latter offered:

- a resource library
- drop-in sessions open to family child care providers and parents
- education for parents about quality in child care
- dissemination of government information and policies

The Child Care Resource and Referral staff offered:

- information for individuals interested in becoming family child care providers
- local directories of licensed child care providers for Terrace and Kitimat
- support to family child care providers who wish to become registered with the program
- regular telephone contact and bi-annual home visits to registered family child care providers
- training for family child care providers, in the form of a workshop series and a 7-session introductory course[17]
- a variety of parenting and child care-related workshops
- liability insurance at group rates
- toy and equipment lending library for registered family child care providers
- bulk art supplies at wholesale prices
- parent referrals to registered family child care providers, and a short list of substitute family child care providers who can be called upon when registered family child care providers are sick or unavailable
- support to the child care sector generally, including advocating for new child care spaces and support to centres in danger of closing down
- support to directly licensed family child care providers in the community.

The provincial child-care subsidy worker offered:

- support to unregulated family child care providers who care for children receiving subsidy, around the completion of the necessary reporting forms, and any difficulties accessing subsidy funds

- support to parents seeking home child care placements, through referral to the CCRR's registry
- education for parents around recognizing and seeking out quality care
- forms and fax service for subsidy claims.

All three groups of staff referred to one another on a regular basis.

Membership/Outreach

With group child care centres struggling to survive, and licensed child care unaffordable, many families use unregulated child care in Terrace and surrounding communities. Many families in Terrace pay family members to act as family child care providers. Factors such as high unemployment and the potential for family members to earn an income for the caregiving work they do are important. Many First Nations families live in Terrace, which is sandwiched between two reserves. Neighbouring communities where Skeena CCRR provides service (Kitimat and 3 villages in the Nass Valley) face similar challenges.

The Family Place as a whole and the individual component programs organized community family events, and were often called on to resource and/or deliver children's activities at community events such as Aboriginal Days, kindergarten immunization clinics or health fair displays. They also ran regular newspaper ads and put on displays at community events.

The Family Place, through its various components, had informal contact with many unregulated family child care providers. In particular, availability of the child care subsidy function brought many family child care providers who otherwise would not have contact. About 20 to 30 of these family child care providers came in regularly. Wherever possible, their visits gave staff an opportunity to encourage family child care providers to become more involved with other Family Place Services.

The subsidy worker also had contact with many families using unregulated home child care, and, in particular, saw many of the lower income or socially isolated families who may have engaged family child care providers who were also isolated. As a result, The Family Place was able to have an indirect impact on even more family child care providers through its work with parents using care.

At the same time, child care services in general were so fragile in this part of British Columbia that The Family Place felt a strong responsibility to offer support to any and all forms of child care. Family child care providers appreciated The Family Place taking this leadership role: "Family Place is a beacon for me – a wonderful sympathetic ear."

Some of the family child care providers we met felt that they needed to begin networking more actively with one another because of the uncertainty of The Family Place's government funding: "Networking in Terrace is absolutely critical right now, with The Family Place in jeopardy."

Association-Based Case Studies

As previously described, we have divided the eight case studies into two clusters. The second cluster of four case studies focuses on family child care provider associations that began as volunteer-run, family child care provider-directed mutual support organizations. Ottawa was the oldest and by far the largest of the four family child care provider associations, and had grown to the point where it has a small paid staff and relatively stable municipal funding. Associations in Thunder Bay, St. John's and Winnipeg were all between 8 and 12 years old, and all remained completely volunteer-run.

Home Child Care Network, Thunder Bay, Ontario

History

The Home Child Care Network was more than 10 years old when we visited, and was a volunteer-run family child care provider organization that focused on mutual support, professional development and enhancing the family child care experience for children, families and family child care providers.

The Network began when a family child care provider who had been active with the Child Care Providers Association in Ottawa moved to the Thunder Bay area and started participating in a drop-in program operated by Confederation College, Children and Family Centre, Family Resource Program (CCFRC). This family child care provider and the coordinator of the centre decided to try to form a family child care provider network. A small ad was placed in local papers and 10 family child care providers attended the first meeting. In 1996, Confederation College sponsored a one-day conference for home child care providers that resulted in a surge of membership in the Network.

At the time of our visit, the college regularly set aside one morning a week for a family child care provider-only drop-in; it also assisted with administrative support, space for meetings and workshops. The relationship between the college and the Network had evolved, but it remained important.

In recent years, the Network had also developed partnerships with a second family resource centre (Rural Family Resource Centre), in an effort to reach out to rural family child care providers. It had also connected with Communities Together for Children (CTC), a large multi-service organization. Over time, Communities Together for Children had become more involved with the network and with supporting home child care. It had moved to a much more accessible location on the ground floor of a local shopping mall, and had hired a former executive member of the network to work as the Home Child Care Coordinator for the Thunder Bay District. The registry ultimately included a referral to the Network for parents seeking care and referral to the Network for additional support for family child care providers. Communities Together for Children also provided space for evening workshops and training sessions for the Network.

Services and Activities

Training and professional development opportunities. The Network offered many workshops, training programs and conferences, often in partnership with the Family Resource Centre. These workshops were led by experienced family child care providers and/or persons with specific expertise from the community. The Introductory level (Level One) of the Family Child Care Training Program was offered twice a year.

Child care registry: On an informal basis, the Network offered referral services for parents looking for care and for member family child care providers with child care spaces available.

Networking/mentoring: Networking had always been an important focus. Recently, the Network had also established a mentoring system, where each family child care provider who joined that network was assigned an experienced family child care provider as her mentor.

Resources & newsletters: The Network provided an annual calendar (with sections for financial record keeping); a group liability insurance policy; Start-up Kits and newsletters.

Membership/Outreach

The Network had approximately 45 paid members. Membership fees were $35 annually. The executive consisted entirely of family child care providers and there was an annual election of officers. While some members lived in rural communities, the majority of members were from the city of Thunder Bay. For the most part, new members found out about the Network through word-of-mouth, although both resource centres, Communities Together For Children and other community groups reported frequent referrals to the Network.

The Network did not have the capacity to do a lot of outreach. However, attempts had been made occasionally to recruit new members. Cold calls to people placing ads to provide child care in local papers had been time-consuming and not very successful. Conferences and other public activities had resulted in new memberships, but the group remained relatively small and stable at around 40-50 members. More than one-third of the 22 family child care providers interviewed for this case study, including family child care providers on the current executive, had been with the Network for less than two years.

Fédération provinciale des comités de parents du Manitoba

History

The Fédération provinciale des comités de parents du Manitoba's (FPCP) mission is to ensure the development and the fulfilment of the Francophone minority in Manitoba. In an effort to support the important role of French child care providers in sustaining the Francophone cultural identity of the next generation, the Fédération decided in 1996 to reach out to Francophone family child care providers and give them access to its resource centre (called CRÉE).

The Fédération made contact with a network of about 20 FDC providers that had been meeting on a regular but informal basis since 1990 in St-Boniface. The 20 or so family child care providers met once a month to share ideas, advice and experience, and to chat. It included both licensed and unregulated family child care providers. Gradually, they started feeling the need to add more content to these meetings so they developed a theme for each meeting and occasionally invited a speaker.

This association, GREF, had begun to keep a registry of family child care providers with space available, which had become quite a lot of work. The two groups agreed to work together on this register and on the pairing of family child care providers with families. In addition, GREF believed that participation in activities organised by the Fédération would help to break the isolation of providers and allow the children they cared for to play with their Francophone peers. It was thought that the family child care providers would enjoy going to the resource centre for toys and books.

A study done at that time had established that there were approximately 125 family child care providers likely to use the resource centre. To recruit these family child care providers, break their isolation and support them in their role as Francophone family child care providers, the Fédération and the family child care provider network decided to deliver training and distribute a newsletter to family child care providers.

The provincial network of Francophone familv day care providers (Réseau)

There were, at the time of our visit, approximately 30 family child care providers in the Réseau, a program under the responsibility of the Fédération provinciale des comités de parents Francophone's early childhood co-ordinator In general, its activities were funded under the Fédération's regular budget. However in 2000-2001, the Fédération obtained $ 2 500 from the Multiculturalism Grants Advisory Council to "increase the number of Francophone family child care services, support the work of Francophone providers in caring for the children and in ensuring the development of their mother tongue and their culture in a minority context, and in helping Francophone parents to find child care services in French."

Services or Activities delivered by the network

- Educational resources and toy lending library (members have access to all the resources of the CRÉE in addition to resources acquired especially for them)
- Meeting, sharing and networking opportunities
- Newsletter and activities bulletin
- Information and referral services for family child care providers looking for Francophone families
- Group purchasing of perishable goods for arts and crafts
- Evening workshops and all-day training activities on various subjects
- Opportunity to get training on developing a sense of Francophone cultural identity for children who have a Francophone parent
- Use of meeting rooms and of audio-visual equipment for meetings

Membership and Outreach

All family child care providers, whether members of the network or not, had access to these activities. About 60 family child care providers attended the training sessions on an irregular basis. However, in order to be able to access the resource centre and to be in the registry – the information and referral service – family child care providers had to be members of the network and pay an annual fee of $20.

To foster participation and support greater numbers of family child care providers, the Réseau (GREF) dreamt of owning a bus so staff could visit providers in their home, bring toys, books and educational material. Such a bus was seen as a great opportunity to meet with providers, give them advice and the supports they needed as child care providers.

Family Child Care Association of Newfoundland & Labrador

The Association is a grassroots network of family child care providers that receives no government funding. Volunteer members offer training sessions, drop-in events and networking sessions. The Association also advocates for unregulated family child care providers by participating in consultations with government and other local organizations.

History

The Association was founded by two family child care providers, in 1994, after they both attended a conference. In the early months, the group was very small. After about six months, they got some support from a local family resource program. The Association used this space to run workshops.

During the first few years of the Association, there were three or four other committees, as well as the executive. The Association was able to offer workshops for free or at nominal cost. "We were interested in anything connected to professional development," one member remembered. They also began offering an availability list. This was not a referral system but a list of family child care providers with open spots that parents could call. The Association also did a great deal of outreach during this period. They presented at conferences to recruit new members, put ads in the paper and did a flyer campaign.

One of the committees focused on policy development and on advocating for regulated family child care.[18] Association members now see the development of this committee, and the interest in policy issues, as the point at which the Association began to lose focus. At about the same time, and for a variety of reasons, some of the key leaders of the Association left their roles. This combination of a shift in emphasis and a loss of key volunteers was a challenge. The priority shifted from mutual support to advocacy and policy development. Members who were involved with consultations with provincial government began to attract the suspicions of other members. One participant said: "When you came back to explain the stuff that was discussed at the committee, you were seen as the enemy."

The vision of this association, like most family child care provider associations, began with mutual support and training. However, this one, even in the early days, also had an interest in policy change and advocacy. This dual focus continued to the present, although the relative emphasis had shifted several times over the years.

Services or Activities

During its most active period, the Association ran regular workshops and drop ins, offered an availability list, and held networking sessions. They also participated actively in planning the CUPW Resource Centre, and providing input into the development of new provincial policy around family child care.

At the time of our visit, the Association was less active. However, it continued to consult with other community groups, provide informal networking opportunities, and offer occasional training sessions.

Membership/Outreach

Most Association members were experienced family child care providers. Some members were also affiliated with the agency. Because the Association had not been very active its membership had diminished. There were 10 to 12 active members at the time of our visit.

Child Care Providers Resource Network of Ottawa

The Child Care Providers Resource Network of Ottawa (also called the Association) is a well-established, bilingual family child care provider association that has grown to include a wide variety of services. The Board is currently made up completely of family child care providers.

History

This organization originated as a very small, informal network of about 12 family child care providers who met at a caregiving course offered at the local college. They later got together to chat, partly because one of them was concerned about a parent who was always late with pickup. In the beginning, the group was concerned primarily with providing support to one another in dealing with situations like this. They were also interested in developing workshops and a newsletter.

Their first event, advertised in local newspapers and hosted by the local college, was simply a meeting for family child care providers interested in forming an association. Sixty-five people showed up and the Association began.

After much lobbying and building up of the membership base, the Association was successful in getting a small amount of government money to support their work after about 3 years. By that time, their membership had grown to 300. This money was used to hire a part-time staff person, and to develop a family child care provider startup kit.

A system of volunteer-run family child care provider networks (small groups of Association members from the same neighbourhood) was introduced around the 5th year of the Association's existence. At first, these networks did not make referrals. Gradually, over time, as it became clear that family child care providers and parents were interested in referrals, this became part of the network leader's role. These services (the newsletter, the workshops and the networks) remained the core services of the Association through to the present.

Current Services or Activities

Workshops: Many workshops and educational events were offered. Child Care Connections was a public education program run by the Association, where family child care providers and parents could connect.

Warm line: The Association ran a family child care provider warm line. Members could call the staff during business hours with questions or information requests.

Newsletter: A bi-monthly newsletter was the primary conduit for keeping in touch with members.

Family child care provider networks: The Association consisted of 47 small neighbourhood-based networks. One, two, or three family child care providers from each network volunteered to act as network leaders. They tried to check in with network members, offer one-to-one support when needed, organize small social events, pass on information about workshops, and link family child care providers to the list of parents seeking care.

Directory of family child care providers: Family child care provider network leaders maintained a list of family child care providers with open spots, and a list of parents interested in care. The network leaders always gave parents a choice of several family child care providers, and never recommended individual family child care providers. In practice, some of the family child care providers told us that managing this directory was sometimes a team effort: "We work together. In fact, if a parent comes directly to me, I will suggest that she interview two or three other family child care providers before deciding."

Playgroups: The Association ran a regular family child care provider playgroup.

Insurance: The Association offered an insurance package for family child care providers at a good price.

Membership/Outreach

The Association had about 900 paid members at the time of our visit. Membership fees were $20 annually. The membership of the Association was dynamic. Although some members did leave from time to time or remain inactive, about ten new members joined each week. The coordinator admitted that the membership was made up largely of those family child care providers who took the initiative themselves to improve their practice. The Association did not currently see itself as having a great deal of expertise in connecting with the "hard to reach" family child care providers.

Reflecting on the Case Studies: Overall Themes

Analysis of the case studies takes the form of a series of inter-related themes. First, there are several ways in which these stories are similar. Certain core programs or services are offered by almost all outreach programs and certain key principles of practice also seem essential.

The second cluster of themes looks at the differences between the two major types of programs – family child care provider associations and staffed agencies. The two types of programs differ in their overall goals, in their capacity to do active outreach, in the priority they place on networking and in the degree to which they are family child care provider-driven.

Finally, we identify some themes that look at the larger context within which outreach efforts must operate. In particular, we examine lessons learned about partnerships for outreach.

Commonalities

Consistency of Core Programs

Despite their diversity, most of the case studies have arrived at a fairly similar set of core services that, taken together, seem to be the key ingredients in a successful effort to reach out to unregulated family child care providers. Whether staff or volunteer driven, it seems clear that there are a number of core elements.

Every case study program produced a regular newsletter detailing upcoming events, providing programming ideas, sharing useful information in print form, and sustaining the family child care provider's sense of connection to the group. Almost all family child care providers appreciated this simple form of communication. Other equally important strategies that help to keep the channels of communication open (such as informal phone contact, social events, etc.) varied from place to place.

Every case study location offered family child care provider training workshops, and many also offered more structured introductory courses or certification courses. At least three of the four family child care provider associations in this study began through friendships formed at workshops. Workshops were key in responding to the changing needs of family child care providers, and were often a means through which family child care providers built a sense of professional identity, networked with colleagues, and/or emerged as trainers or leaders themselves.

None of the case studies matched family child care providers with families in the way a regulated home child care agency does, nor did they play a role in the financial transaction between parent and family child care provider. Most felt that such roles would be in conflict with their mandate to reach out to family child care providers. However, all of the case studies did maintain some form of roster of family child care providers with spaces available, and passed names on to parents. Several family child care provider associations (Ottawa, the Newfoundland & Labrador Association, and Winnipeg) went through periods of ambivalence about taking on this type of role. In Ottawa, this has occasionally led to tension, when volunteer network leaders are perceived to be managing the roster unfairly. Despite these concerns, finding clients is a fundamental and pressing need for family child care providers (especially for newer family child care providers). Most of these case studies have ultimately become involved in helping to meet this need in some way.

Although none of these organizations recommended individual family child care providers, those involved in regulating family child care providers (Vancouver, Terrace, Quebec and the CUPW Resource Centre) did offer parents some assurance that family child care providers on the list were trained and engaged in a network.

Individual one-to-one support was offered at all eight sites, both by phone and in person. It was provided by paid staff in Vancouver, Terrace, the CUPW Resource Centre, Ottawa and Quebec. It was also available from volunteer family child care providers in Thunder Bay, Ottawa, Newfoundland & Labrador, and Manitoba.

Beyond these core services, many other supports were commonly offered by groups attempting to reach out to unregulated family child care providers. Information and support for people who were considering becoming family child care providers was an explicitly identified priority in Ottawa, Terrace, Vancouver, the CUPW Resource Centre, and the Newfoundland & Labrador Association. Information sessions and start-up kits have been developed in these locations. Similarly, information and support for parents seeking care was provided in many programs. Toy and equipment lending, theme kits and resource libraries were common and generally appreciated by family child care providers.

Implications

There were some basic strategies for outreach to unregulated family child care providers that all case studies incorporated into their approach. These simple core elements include regular communication through newsletters, one-to-one support, training opportunities and a roster of family child care providers with space available. These elements are worth careful consideration in the design of any new outreach program.

Growth and Change

At least seven of the eight programs we visited were in the process of fairly major transitions. Many of the programs had experienced rapid and recent change in their mandates and activities. The CUPW Resource Centre and the Terrace One Stop Access programs were both quite new pilot projects. Vancouver's CCR&R, while somewhat more established, had only been serving the entire city for a short time. Both British Columbia programs also faced the stress and impending uncertainty of funding cuts. Quebec's CPE's were also still quite new, and the one we visited described itself as in transition. Among the associations, all but Ottawa's had recently grappled with new partnerships and unfamiliar roles such as participating in policy development.

Although the family child care provider associations we visited were all at least 8 years old, three of them remained quite small. In many respects, Ottawa's was like a cluster of 47 small networks. It may be that family child care provider networks function best when they remain relatively small and focused.

The theme of transition may reflect the fact that outreach to unregulated family child care providers is still an unfamiliar and under-studied notion to many people. Of course, it may also reflect the precarious infrastructure in the entire family support and child care sector nationally. Whatever the reasons, many of these programs faced challenges associated with burnout, staff and volunteer turnover, and rifts within the membership. As one family child care provider-leader put it:

> *It's easy for the core group of volunteers to get burned out. Make sure that there is some fun mixed in with all the hard work. And make sure that the hard work is recognized and valued by others.*

Implications

Whether the initiative is a family child care provider association or a funded program, building trust with family child care providers and developing a large membership is a slow process that requires perseverance. None of the programs reviewed here was an instant success, and most of those that are now more established took two years to find their niche or to gain stability. As long as outreach and support to unregulated family child care providers remains a low priority for governments, efforts to do this kind of work will require intensive partnership building, and a willingness to deal with setbacks. Retaining a clear focus, and working to slow the pace of growth and change may help groups to weather these transitions better.

Principles of Practice

In Phase One of this project, we identified nine principles that ought to guide all training for family child care providers.[19] Our analysis of the case studies suggests that similar principles have arisen in the field about how family child care provider outreach should be carried out. For example, all case studies emphasized the importance of setting the right tone in their efforts to reach out to unregulated family child care providers, while remaining very conscious of the importance of building trust and credibility. In order to succeed, these kinds of "principles of practice" are critically important.

A non-judgmental attitude

A non-judgmental attitude and a clear willingness to work with all family child care providers who meet basic legal requirements is something that all four family child care provider associations worked hard to achieve. Several of the agencies also identified this principle as a high priority.

All four family child care provider associations were open to any interested family child care provider (as long as they provided Francophone care, in the case of GREF in Winnipeg). Whether they were regulated, licensed, agency-affiliated or not, family child care providers were welcome.

Among the "agency" case studies, The Vancouver Childcare Resource and Referral program, the the CUPW Resource Centre agency program, and (to a lesser degree) The Family Place are all organizations interested in encouraging family child care providers to consider the option of regulation or licensing. Even so, the staff at these organizations emphasized the importance of meeting family child care providers on their own terms. In all three of these locations, family child care providers were divided in their opinions on how successfully these organizations had woven together a non-judgmental attitude with a mandate to encourage regulation. However, each had been able to build trusting relationships with at least some family child care providers who had previously been fairly isolated.

A non-judgmental attitude is one component of a principle identified in Phase One of this project. This principle stated that training should be available and accessible to all family child care providers. Clearly, case study programs have learned that they must go beyond being technically accessible, and strive to be welcoming of all family child care providers.

Patience and prolonged contact

Many case studies mentioned the importance of staying in touch with family child care providers, even when they were not immediately interested in becoming involved. Some family child care providers we met had been aware of these programs, and were in contact with staff or volunteers, for as long as two years before deciding to become actively involved. Other family child care providers maintained low-key involvement for many years, and appreciated the support they received even though they did not participate actively in events or training sessions.

In Phase One of our study, a similar idea was expressed in two principles for family child care provider training. The first principle underscored the importance of an "adult learning" approach which respected the diverse leaning styles of individual family child care providers. Another principle emphasized sensitivity to the unique needs of individual family child care providers and of communities.

Respect for professional identity

All case study organizations recognized that family child care providers need to see their work as important and valued in order to provide quality care. Ensuring that all communication acknowledges and respects the family child care providers' status as a committed professional doing a challenging and important job was something case study sites took care to implement.

Family child care providers recognized and appreciated this principle, as they did in Phase One, when the principle of enhancing the recognition of the individual family child care provider and the field, and nurturing a strong sense of professional identity were identified.

Implications

Organizations that have experience building good relationships with unregulated family child care providers have, not surprisingly, gravitated towards some of the same principles identified in our study of family child care provider training. These principles may be a useful reference point for groups interested in engaging in outreach.

Differences

Intensity of Outreach Efforts

Case studies differed with respect to the time and resources they were able to devote to making contact with new family child care providers. As a result, some sites were able to spend more time building relationships slowly with those family child care providers who were perhaps less motivated to connect initially.

Sites also differed with respect to who initiated the contact. Most sites (the Family Child Care Association of Newfoundland and Labrador, the CUPW Resource Centre, and in Ottawa, Thunder Bay, Manitoba and Terrace) relied mostly on family child care providers themselves initiating the contact.

These programs actively pursued new members in a general way, through broad advertising, but did not reach out to individual family child care providers through (for example) home visiting. Word of mouth (through another family child care provider or a parent using care) was the most common way people came into contact with most of these organizations. More active outreach strategies used in some locations included information sessions for people considering becoming family child care providers (offered in Ottawa, Terrace, the Family Child Care Association of Newfoundland & Labrador, and Vancouver), and referral partnerships with other organizations who encourage family child care providers to seek support (Vancouver, Terrace, Ottawa, Thunder Bay).

Volunteer members of the associations in Newfoundland & Labrador and Ottawa had, from time to time, set up mall displays, sought out newspaper features, or otherwise tried to make contact with family child care providers who had not yet expressed an interest in seeking support.

In Vancouver and Terrace, these efforts were somewhat more intensive. CCR&R outreach coordinators spent time at drop-ins, put on displays at community events or visited local parks. They also made home visits to family child care providers who were not yet seriously considering registration with the program, and worked slowly over a long period of time to build trust.

This investment seemed to pay off. Of the projects we visited, the two most actively engaged in attempting to initiate contact with unregulated family child care providers were Vancouver and Terrace. As a CCR&R dedicated exclusively to unlicensed family child care providers, Vancouver had much more intensive staff support per family child care provider. More time could be spent with an individual family child care provider, and staff could build trust gradually. Hiring practices in Vancouver ensured that the staff team spoke many languages, and had a diverse range of backgrounds in many forms of child care, including unregulated home child care. The fact that CCR&R's existed everywhere in the province and were known to most people may have meant that a typical family child care provider in British Columbia was somewhat more aware of the rationale for (and availability of) support and networking.

For these reasons, Vancouver had more success than any other site we visited in connecting with family child care providers who were perhaps more isolated and less well informed about their support options, including new Canadian family child care providers, family child care providers living and working in rental housing or in neighbourhoods deemed by the city to be in need of supports, and family child care providers who did not speak English.

In Terrace, success in outreach had to do with the co-location of various programs that came into contact with a number groups of family child care providers in different ways. In particular, the subsidy program inevitably had contact with many of the families and family child care providers in the community, regardless of their level of interest in training or support. The strong collaboration between the subsidy work and the other staff at Our Place created an effective outreach strategy.

For the most part, volunteer-driven family child care provider associations acknowledged that they did not have the resources to seek out family child care providers who were not already motivated to seek support. Ottawa, the Family Child Care Association of Newfoundland & Labrador, and Thunder Bay reported that their members tended to be the more experienced and self-motivated family child care providers.

However, Ottawa had a great deal of success in terms of the sheer numbers of family child care providers contacted. Among the four family child care provider associations, Ottawa had more than ten times the membership of the next largest (Thunder Bay). Even compared to Vancouver (the largest agency-based case study), Ottawa had more than four times the membership. The network in Ottawa targeted particular groups of family child care providers for outreach efforts (including Francophones and, more recently, rural family child care providers), and continued to make contact with new family child care providers at the rate of 10 per week (according to one staff estimate).

Implications

There are many styles of outreach, and many distinct sub-groups of unregulated family child care providers that can be targeted with each approach. Reaching family child care providers who have not taken the initiative to seek support (due to lack of information, opportunity, skills or motivation) is labour-intensive, gradual, and most successful one-on-one. Providing opportunities for family child care providers who are already seeking support is less intensive, but just as important to and valued by its target audience as more intensive outreach.

Family Child Care Provider Networking & Empowerment

One of the most obvious differences between family child care provider-run associations and other kinds of organizations is the emphasis they place on family child care provider-to-family child care provider networking. This is considered a core service in Ottawa, Thunder Bay, Newfoundland & Labrador and Winnipeg, and has been the basic function to which associations return after periods of growth or experimentation. Networking work took the form of mutual support among family child care providers, one-to-one support, phone calls to other family child care providers, getting together at the park, holding social events and holding events where family child care providers can share issues and questions. At all four associations, other programs and services (such as workshops, newsletters and rosters) grew out of the mutual support and networking process.

Innovative and unusual outreach and family child care provider support strategies have also emerged out of the networking efforts of family child care provider associations. The "local networks" set up by Ottawa and managed by volunteer family child care providers have effectively transformed Ottawa's association into a federation of many small, grassroots family child care provider associations. The "mentoring" approach developed in Thunder Bay also has excellent potential to maximize the reach and impact of the networking efforts of volunteers.

For all four associations, networking was about more than mutual support and problem-solving. According to one family child care provider member, it was also about "holding your head up and saying with pride that you are a family child care provider." Building a sense of professional pride and a sense of membership in an acknowledged profession were critically important. "It's about having someone to talk to, to feel like your job is important," one association board member told us.

The CUPW Resource Centre, and the Vancouver and Quebec locations all organize social events for member family child care providers a few times each year. However, these events are set up by paid staff for family child care providers. Staff in these programs are conscious of the value of networking, and do try to support it when they can, but the core of their service is unidirectional support provided by a paid staff person to a family child care provider. None of these organizations have significant involvement of active family child care providers at the board level, or as trainers in workshops. None has a family child care provider advisory committee. However, Terrace, the CUPW Resource Centre and (to a lesser extent) Vancouver all involve former family child care providers as paid staff.

Implications

This project has already identified opportunities for family child care provider networking and mutual support as a necessary component of any good training program. Without doubt, family child care providers also see this as a critically important component of outreach. In theory, there is no obvious reason why an "agency" model (in which most of the family child care provider support is provided by paid staff) could not also adopt family child care provider networking as a priority. However, this had not occurred in our case studies.[20]

Accountability to Family Child Care Providers, Families and/or Funders

Although there is very little variation in the stated goals of the case study sites, there are important differences in emphasis. Family child care provider associations tend to place priority on improving the quality of the family child care provider's working life, with the understanding that this is the best way to improve quality of care. Other kinds of organizations tend to emphasize improvements in quality of care through training and support, and/or improving choice and access to child care for families.

These differences in emphasis matched the organizations' primary lines of accountability. Family child care provider associations, especially those without funding, were accountable primarily to their members – the family child care providers themselves. Agencies that were funded by provincial governments (such as child care resource and referral programs or CPE's) were accountable to their funders, and so had to place priority on quality of care, which was often operationalized (by the provinces, rather than the agencies themselves) as encouraging regulation.

This is a significant difference that has implications for other aspects of outreach work. In Vancouver, at the CUPW Resource Centre, and in Black Lake, Quebec, accountability to government funders has translated into a role that includes soliciting, reviewing and evaluating applications to become affiliated or otherwise regulated. Some family child care providers in these communities have had extremely positive experiences with this process, and enjoyed the opportunity to participate in the regulated system. However, in all cases, the linking of outreach and regulation roles has raised concerns among at least some family child care providers. The regulation function can be an obstacle to reaching out to family child care providers who value their autonomy, or are concerned about being judged.

Family child care provider associations are run by and for family child care providers, and as a result embody the principle of family child care providers being partners in the development and management of outreach efforts. In our "agency" case studies, family child care providers had no formal role in program design or management, although they often had excellent informal communication with program staff.

Implications

There is no reason to believe any of these arrangements is inherently better than the others at realizing the long-term goal of supporting healthy child development. However, these structural differences help to explain the differences in emphasis highlighted above – such as the importance placed on networking vs. support by paid staff, or the emphasis on encouraging family child care providers to consider regulation.

All of the stakeholders mentioned in this section – families, family child care providers, and funders – have different but legitimate reasons for becoming involved in reaching out to and supporting unregulated family child care providers. There seems to be less consensus around the degree to which these different sets of motivations can co-exist within a single organization. This calls into question whether support *by* family child care providers *for* family child care providers requires a dedicated organization, such as a family child care provider association, or whether it can be supported within an agency model.

Family child care provider associations and social service agencies involved in outreach to unregulated family child care providers offer different kinds of support and can complement one another. The various models reviewed in this report share an interest in connecting to unregulated family child care providers, but differ in other respects, such as the type of support they offer, the kinds of relationships they foster with family child care providers, and motivations for reaching out. Even though attempts to build close partnerships between different kinds of organizations have proven challenging, in principle there is still room for these models to complement one another in a single community.

The Larger Context

Partnerships

The histories of several case studies hinge on the struggle to develop effective partnerships. In Newfoundland & Labrador, Thunder Bay and Winnipeg, partnerships between a family child care provider association and a social service agency have developed over time, but have ultimately enabled the associations to do more. In Winnipeg, the partnership between GREF (the Francophone family child care providers' network) and Fédération provinciale des comités de parents du Manitoba has helped the roster of family child care providers to grow and develop. All three sites have been able to access meeting space and drop-in opportunities through partnerships and have had increased success with introductory training as a result of support from community colleges or other similar partners. In Thunder Bay and the Newfoundland & Labrador Association, partnerships with family resource centres have also led to innovations in services offered and opportunities to participate in local or provincial policy development.

Despite these advantages, partnership-building in Winnipeg, Thunder Bay, Ottawa and the Newfoundland & Labrador Association has at times left some association members feeling as if the focus of the association has shifted. Furthermore, growth and change has sometimes moved so quickly that associations lost focus, became overwhelmed and even burned out. Despite these challenges, partnership-building efforts continue in all three locations.

Interestingly, all four family child care provider associations had at least some experience connecting with social service agencies, while only one of our "agency models" (the CUPW Resource Centre) was based in a community where an active association existed. In Terrace and in Vancouver, service delivery has been effectively facilitated when an organization interested in reaching out to family child care providers has been able offer service at a location where family child care providers naturally congregate. Even though the partners in these examples may have entered the arrangement having more in common with one another than the partners in Newfoundland & Labrador and Winnipeg, it has still taken some time and experimentation to find the right approach.

In Ottawa, Thunder Bay, the Newfoundland & Labrador CUPW Resource Centre, Terrace and Vancouver, commitment has been made by at least one level of government to the process of outreach to unregulated family child care providers. In all cases, this partnership with a funder has been critically important, and has led to expansion and change within the organization.

Implications

Like many other kinds of social programs, family child care provider outreach efforts often require partnerships across multiple organizations in order to remain viable. When these partnerships are carefully developed and trusted, the possibilities are great. However, building strong working partnerships is not easy, even if the group is fortunate enough to have good working relationships with the "right" potential partners. Building partnerships slowly, carefully and creatively with an open mind seem to be key components for this process to succeed.

Conclusions

For many reasons, finding effective ways to reach out to unregulated or independent family child care providers is a priority for the field. Unregulated family child care providers represent a significant portion of our child care workforce, and efforts to improve or support the quality of their working lives and the quality of care they provide cannot begin until we are able to make contact.

Across Canada, many organizations have practical experience about the most effective ways to do outreach, but the opportunities to pool this knowledge have been few and far between. In this concluding section, we summarize some of the core messages that emerged from the case studies, in the hopes that new family child care provider associations, social service agencies and governments will find them useful.

Lessons for Family Child Care Provider Associations

Fundamentally, a family child care provider association is a grassroots mutual support group. From research on other kinds of grassroots groups, we know that these kinds of organizations take a great deal of work and commitment to sustain. A number of factors, often beyond the group's control can threaten its existence.

Even so, there are a number of factors that distinguish successful grassroots groups.[21] Excellent intra-group communication, which is frequent, open, and honest, and encourages different points of view, is critical. Strong leadership with a sharing, inclusive style is also important. In our four "association" case studies, newsletters and informal social gatherings are seen as vitally important, partly because they fulfill these functions. A committed group of core volunteers that maintains a welcoming, non-judgmental attitude and invites participation from all family child care providers is also central.

Bettencourt et al conclude that clear group structure and clear short- and long-term goals are important to any grassroots group. For family child care provider associations, our stories have illustrated the need to keep mutual support as the main priority even when the organization grows and takes on additional functions.

Maintaining a large and committed membership requires strategies that sustain morale and a sense of identification among the membership.[22] For associations, this principle translates into keeping participation fun, and celebrating the importance of family child care work. Reinforcing the sense of professional identity and self-esteem is one way in which family child care provider associations provide their membership with practical benefits (another of Bettencourt's principles). Over time, associations also tend to recognize the practical value to their membership of maintaining a roster of family child care providers with open spaces. Maintaining a strong and diverse volunteer base by providing different kinds of volunteer opportunities (i.e., trainer, board member, network leader, mentor, newsletter editor) is another strength of family child care provider associations.

Family child care provider associations are an extremely cost-effective way to reach out to unregulated family child care providers. In particular, the example of Ottawa illustrates the immense potential of this kind of organization. Associations provide unique supports that were not available through other kinds of organizations, such as mutual support and family child care provider ownership.

Lessons for Agencies

The four agency models share several key features. They each have a specific mandate from a government funder and they all provide support and outreach primarily through paid staff.

In each case, part of the government mandate includes supporting family child care providers through the process of becoming affiliated or registered with the organization.

However, despite the need to work within parameters set by government funders, the "agencies" that we visited are more diverse in many ways than the family child care provider associations. Each has a unique structure that is well suited to the local community's needs. The CUPW family resource centre runs a family child care agency as one of many programs which together are designed to be accessible to all families and family child care providers. The Vancouver CCR&R program is much more narrowly focused on outreach to unregulated family child care providers. Terrace is a creative combination of many elements, adapted to the unique needs of a small city. The CPE in Black Lake functions in a policy context where outreach to unregulated family child care providers is a very different kind of challenge than it is in the rest of the country.

From a family child care providers' point of view, there are many advantages to working with agencies that do outreach. These include access to more intensive one-to-one support, more library resources, and more equipment. Staff are able to work more closely over a long period of time with family child care providers who are unsure about regulation, and regulation does provide family child care providers in some situations with increased credibility and increased earning potential.

According to our case studies, some of the keys to successful agency-based outreach are:

- Multi-service sites where several different supports that are of value to family child care providers are provided through a single staff person or location, in a way that makes sense for the community in question.
- Patience, and the willingness to spend enough time with an individual family child care provider to build trust and mutual respect.
- A non-judgmental attitude, and a willingness to work with family child care providers "where they are."
- Staff who are credible to unregulated family child care providers, either as former family child care providers themselves or as people with direct experience in other forms of child care.

Agency-style models have the capacity to reach out to family child care providers who may not be.ready to take the initiative to seek support themselves. In British Columbia and Quebec, family child care provider support programs across the province use the same name and basic program structure, providing the individual programs we visited with higher public profiles, and the family child care providers with more readily available information about supports.

The Larger Picture

Innovations in partnership

Some of the most exiting innovations within our case studies began to happen when family child care provider associations worked together with agencies or other key partners such as colleges. In an ideal world, family child care providers would have access to a vital and responsive family child care provider association and to other agencies capable of providing more intensive support and additional resources when needed. In practice, these partnerships have often been challenging for all groups involved, and in many cases local groups are still working out the best ways to collaborate. However, it is clear that such partnerships are essential to long-term success, and those that we were able to visit have excellent potential.

Role of governments

Our case studies include many examples of municipalities and provinces that have made significant investments in outreach to family child care providers. Clearly, governments have a role to play in making both kinds of outreach programs viable and accessible. This support should recognize that success in this kind of work comes slowly and only with hard work. It relies on building respectful, reciprocal relationships with unregulated family child care providers. Support should also recognize the distinct and complementary roles that can be played by family child care provider associations and staffed outreach programs.

Final Comments

We recognize that our case studies and our set of themes do not reflect the full range of practice across the country. Other models of outreach may well exist. The purpose of this report has been to provide examples that illustrate the possibility of providing training, support and a sense of professional identity to unregulated family child care providers. Although the work can be difficult, it can also make a profound difference in the working life of a family child care provider and the quality of care she provides.

Successful outreach is built on a basic respect for the work of the unregulated family child care provider, an ongoing commitment to better understand her needs, and a willingness to provide support that is intended to meet those expressed needs. Family child care providers themselves are an immense resource, and in communities across the country, they have shown their willingness to devote their volunteer time to supporting their colleagues. Many other kinds of organizations have found ways to apply their expertise and resources to this challenge, and in the process they have often found that their other family support programs benefit from their increased contact with family child care providers.

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Endnotes

1. Doherty, Lero, Goelman, Tougas, LeGrange, 2000
2. Doherty-Derkowski, 1995
3. Doherty et al., 2000, *Caring and Learning Environments: Quality in Regulated Family Child Care Across Canada*
4. Fosburg, 1981
5. NICHD, 1996
6. Galinsky, Howes, Kontos & Shinn, 1994
7. Howes, 1993
8. Fischer and Eheart, 1991
9. Kontos, 1992
10. Modigliani, 1994
11. Taylor, Dunster & Pollard, 1999
12. Doherty, Lero, Goelman, Tougas, and Lagrange, 2000
13. Doherty, 2002
14. Goss Gilroy, 1998
15. As this report was being written, the provincial government of B.C. has served notice that provincial funding of these projects will cease in the upcoming year.
16. The city-wide numbers suggest that the program, as a whole, has contact with more than twice as many license-not-required family child care providers as licensed family child care providers.
17. This course was offered in two locations for a total of 12 people. Participants included both registered and license-not-required family child care providers, as well as people considering home child care as a career.
18. Until recently, Newfoundland & Labrador was the only province in Canada with no form of regulated family child care.
19. Dunster & Taylor, 1998
20. For example, there is at least one child care resource and referral program in British Columbia that is run by a family child care association. However, it was not included in these case studies.
21. Bettencourt, Dillman, and Wollman, 1996
22. Ibid

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For More Information

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Appendix A

Interview Guides

Questions for Local Leaders (Board and staff)

1. Could you tell me a bit about your organization?
   - How long have you existed?
   - What do you see as your purpose?
   - Who is involved? How many people?

2. Why are you trying to connect with unregulated family child care providers?
   - What is it like to be an unregulated family child care provider here?

3. How do you try to connect with family child care providers?
   - Do you use more than one strategy?
   - Can you give me a few examples of how that happens in practice?
   - How did you come to that approach(es)?
   - Have you tried other things in the past?
   - Do you have a sense of how well what you do now is working?
   - Are there groups of family child care providers it works better for than others?

4. How do you support this work?
   - Who does what in your organization?
   - Do you have funding for this work? If so, where does it come from? How did you get it? How stable is it?
   - Do you get other kinds of support? Can you describe it?

5. What do you like best about doing this work? What is most frustrating about it?

6. What would your advice be for other groups interested in doing something like this?
   - What suggestions can you give us for the manual we are creating?

Questions for Participating Family Child Care Providers

1. Can you tell me a bit about your family child care service?
   - How long have you been providing care?
   - What do you like about being independent? What don't you like about it?
   - Where do you go for support?

2. How did you come into contact with [this organization]?
    - What was your life as a family child care provider like before you made contact?
    - Who or what attracted your interest?
    - What were your first impressions?

3. What kind of support do you get from this organization?
    - Can you give me some real-life examples of how this works?
    - What role do you play?
    - How do you find the time to take part?

4. Is it helpful to you? How?
    - How do you know it has been helpful?
    - Are there other kinds of support you would find useful?

5. Do you know other family child care providers who are not connected?
    - Why not?
    - What would it take to get them connected?

Questions for Partners or Funders

1. Can you tell me a little bit about your organization?
    - What kind of relationship does your organization have with family child care providers?
    - From your point of view, what are some of the key issues in home child care?
    - Who, in your community, has a stake in these issues? Who sees them as important?
    - Who is acting on these issues? How?

2. What kind of relationship do you have to the organization doing outreach?
    - What role do they play in the child care field this community?
    - Why are you involved?
    - What do you see as the challenges in doing this sort of work?

3. What reflections do you have on this work?
    - What do you see as the outcomes of this work? What difference does it make?
    - What has been learned about how to do outreach work effectively? What could be shared with other communities?

Notes

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